01.13.17

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Wentworth-Douglass Hospital joins the MGH family

ON JAN. 1, after approval from state and federal agencies, Wentworth-Douglass Hospital officially became part of the MGH family. The Dover, New Hampshire-based organization includes a 178-bed hospital, several urgent care and walk-in facilities, multiple testing centers and 28 provider practices.

"We are so pleased that Wentworth-Douglass Hospital has officially become a part of MGH," said Peter L. Slavin, MD, MGH president. "Wentworth-Douglass has long been known for its outstanding care and commitment to community. Together, we look forward to continuing to grow, shape and strengthen our already successful and thriving relationship to benefit patients in the region."

WELCOMING WENTWORTH-DOUGLASS: Tony James, senior vice president for Network Development at the MGH, left, with Greg Walker, CEO at Wentworth-Douglass Hospital

The two organizations have a history of productive clinical relationships dating back to 2008, when Wentworth-Douglass was the first in the area to contract with MGH to provide remote TeleStroke service for patients presenting in their Emergency Department with stroke symptoms. Additional joint clinical programs followed in trauma services, thoracic surgery, gynecologic oncology, cancer genetics and clinical trials for cancer patients. Thousands of patients have benefited from these services. Together, Wentworth-Douglass and the MGH will continue to develop, grow and improve additional health care services to best serve the community.

While the MGH has clinical and programmatic affiliations with other hospitals in the region,

(Continued on page 2)

LEADING LADIES: From left, Banister, Minehan and Sheehan

Pursuing passions

"NEVER BE AFRAID to re-energize, re-focus and go on to think of new things." This was one piece of advice shared at the ninth annual Women in Leadership event on Nov. 2. The discussion – moderated by Guardia Banister, RN, PhD, executive director of the Institute for Patient Care – focused on the topic "Getting ahead in health care." Panelists were Cathy Minehan, chair of the MGH Board of Trustees, and Rose Sheehan, MBA, vice president of Revenue Cycle Operations for Partners HealthCare. Below are some of their answers to audience questions and advice learned during their long and successful careers:

ON STRATEGIES THAT CONTRIBUTE TO SUCCESS:

Never underestimate the power of asking for something. If you don't ask, you won't get it. -CM

Work really, really hard to prove yourself and you'll be more likely to be given opportunities. -RS

First and foremost, be excellent at what you do. -RS

Anyone can do the easy thing, but take on the difficult challenges; those are what will make you really stand out. -RS

Negotiation is about trust and building relationships, identify how both parties can be successful, how to problem solve together to make it better for everyone. -CM

(Continued on page 4)

Research*Roundup*

__RESEARCH__ at the MGH is interwoven throughout more than 30 departments, centers and units, and is conducted with the support and guidance of the MGH Research Institute. The Research Roundup is a monthly series highlighting studies, news and events.

HISTORY OF KIDNEY DISEASE LINKED TO PREGNANCY COMPLICATIONS

Pregnant mothers with a history of severe kidney injury may have a higher risk of complications such as preeclampsia that can be hazardous for both mother and baby. This can be true even if they tested normal for kidney function prior to becoming pregnant.

It has previously been known that women with current kidney disease have a higher rate of complications during pregnancy, but this is the first time the risk has been indentified in patients who appear to have recovered.

The study compared 105 women with a history of kidney disease who gave birth at the MGH between 1998 and 2007 with 25,640 women with no history of disease.

Despite testing normal for kidney function, women with a history of the disease had a 19 percent higher chance of developing preeclampsia and a 13 percent higher change of needing a cesarean section. Their babies were also likely to be small for their gestational age and to require intensive care treatment upon delivery.

In the short term, the study results should help to increase awareness of the risk and lead to additional monitoring during pregnancy. Researchers also may seek to develop strategies to reduce the risk.

Jessica Sheehan Tangren, MD, of the Division of Nephrology, is lead author of the study.

STUDY PROVIDES NEW HOPE FOR LONG-TERM RECOVERY FROM EATING DISORDERS

There is encouraging news for women who are struggling with debilitating eating disorders such as anorexia nervosa or bulimia. Time is on your side.

A recent MGH research study suggests that two-thirds of women suffering from these disorders will eventually recover over period of two decades – a recovery rate that is almost twice that of previous studies that examined shorter time frames.

The long-term study tracked 246 participants beginning in 1987 and continued for a period of 20 years or more.

At the end of the first decade, only 31.4 percent of women with anorexia had recovered, compared to 68.2 percent recovery in women with bulimia. After the second decade, however, the recovery rate for anorexia doubled to 62.8 percent while bulimia recovery rates remained the same. The criteria for recovery was going a year without symptoms.

While the long-term results are encouraging, the study's authors say seeking early treatment for eating disorders is crucial in setting the groundwork for recovery.

Kamryn Eddy, PhD, of the MGH Eating Disorders Clinical and Research Program, is corresponding author of the report.

STUDY REVEALS GENETIC UNDERPINNINGS OF SLEEP DISORDERS

Researchers may be closer to understanding the biological basis of sleep disorders, thanks to a large scale study of 112,000 people from the UK Biobank.

A research team from the MGH and the University of Manchester (UK) used the biobank information to compare participants' self reports of sleep disorders with their genetic profiles. They were able to identify – for the first time – areas of the human genome associated with insomnia, daytime sleepiness and excessive sleeping.

The team also identified genetic links between sleep disorders and other medical conditions. The strongest correlation was between insomnia and restless legs syndrome – a nervous disorder that leads to a strong urge to move the legs, which is often worse at night and can interfere with sleeping.

Researchers also found correlations between longer sleep duration and schizophrenia risk, and between excessive daytime sleepiness and risk of obesity.

By identifying and targeting the biological mechanisms of sleep disorders, it may be possible to expand the range of sleep therapies beyond sedatives, investigators say.

Jacqueline M. Lane, PhD, from the Center for Human Genetic Research, is lead author of the study. ■

Touchdown for training

WINNING AT WORK: Jeff Davis, senior vice president of Human Resources, presents an official NFL football autographed by Patriots wide receiver Julian Edelman to Georgeana McKenzie, patient services coordinator in the Diabetes Clinic. McKenzie was among the 22,500 MGHers automatically entered into the drawing after completing the FY17 annual hospitalwide training by the Dec. 31, 2016 deadline. To complete the training assignment in HealthStream, log on to any Partners workstation and visit: *Start >All Programs >Partners Applications >Utilities >HealthStream* and click the "To Do" tab.

— Wentworth-Douglass

(Continued from page 1)

Wentworth-Douglass is now the only hospital in New Hampshire to join the MGH system. Wentworth-Douglass Hospital will continue to be governed by its Board of Trustees which will include local trustees as well as five new trustees appointed by the MGH. Wentworth-Douglass, a founding member of Granite Health, will continue its participation in that network of six New Hampshire health care organizations that embrace innovative solutions for high-quality and affordable health care in the state.

"We are thrilled to announce this news," said Roger Hamel, chairman of the Board of Directors for Wentworth-Douglass Hospital. "Joining this world-class organization will provide a once-in-a-generation opportunity for Wentworth-Douglass to enhance its non-profit mission and expand clinical capabilities for the community."

Hackathon generates new plan to reduce deadly opiate overdoses

WHAT MAKES OPIATES so dangerous to the human body? For one thing, they can literally take your breath away.

When opiates enter the bloodstream, they bind to and suppress receptors in the brain and spinal cord that perform a variety of critical functions, including the regulation of breathing.

In the case of an overdose, these receptors are suppressed to the point where the body no longer takes in enough oxygen to support brain function. This puts the brain into a critical oxygen-deprived state called hypoxia, and the consequences can change lives forever.

In many cases, the person dies. For those who survive, the long-term effects can include loss of speech, vision, coordination and learning ability, just to name a few. Permanent brain damage can set in after just three minutes of hypoxia.

With the introduction of powerful new synthetic opioids such as fentanyl and carfentanil, the problem could get even worse. These drugs, which are difficult to distinguish from heroin if mixed with other agents, are 10 to 100 times more powerful than heroin respectively.

It's a grim scenario, but help could be on the way thanks to an innovative new concept that emerged from a recent hackathon put on by the Center for Affordable Medical Technologies (CAMTech) and MGH Global Medicine, sponsored by the GE Foundation.

WeAreAllies.net

Left: The Allies team fromt left, Moreno, Olson and Bearnot
Right: The Allies' distinctive purple carrying case is designed to let others know that the person is carrying the anti-overdose drug naloxone.

THE ALLIES CONCEPT

The three-day hackathon provided an opportunity for three MGH specialists to devise a plan for reversing overdoses before they do lasting damage.

Kristian Olson, MD, medical director of CAMTech and core educator in the Department of Medicine; Benjamin Bearnot, MD, primary care physician and Innovation Fellow at MGH Charlestown and Jessica Moreno, PharmD, clinical pharmacist, were part of a nine-person team that also featured an industrial designer, an engineer, an industry pharmacologist and, importantly, people in recovery.

Their plan, titled We Are Allies, calls for equipping citizen volunteers — known as Allies — with an easy-to-administer spray version of anti-overdose drug naloxone, commonly known by the brand name Narcan.

Naloxone reverses the effects of an overdose by releasing the hold that opiates have on the brain and spinal cord receptors. It does not have an adverse effect on someone who is not having an opioid overdose, which makes it safe to administer if an overdose is suspected but not confirmed.

The team believes getting naloxone — which is relatively easy to get and safe to use — into the hands of more people will increase the odds that someone will be nearby to help when an overdose occurs.

Another key component of the team's plan is to have the Allies carry naloxone in a bright purple pouch that can be attached to their handbag or workbag. This distinctive design will let others know that the person is carrying naloxone and is ready to help if needed.

"Not enough people have easy access to this lifesaving medication, especially in situations where it is needed most," says Moreno. "On top of that, those who do need it may be afraid or ashamed to seek it out due to the stigma they face every day. We hope to address both of these issues head-on by encouraging Allies to essentially wear the naloxone on their sleeves in our carrying cases."

Olson has seen the devastating effects of overdoses firsthand in his clinical work at the MGH, and knows how important a quick response is to both saving lives and preserving quality of life. "I recently saw four people under the age of 30 with anoxic brain injury on the same floor at the same time. I think that if somebody — as a good deed — saw these individuals down and administered naloxone, they might have saved their brains."

They hope the high visibility purple pouches and indicator pins will raise the public profile of Allies in the community, which may help to foster new conversations and reduce the stigma and sense of isolation that many who suffer from the opioid use disorder experience.

"We thought that 'ally' was such a great term," says Olson. "We rallied around it because it changed the notion of isolation. We wanted to say, 'We're all allies in fighting opioid use disorder.'"

WHAT'S NEXT

We Are Allies Inc. has received a planning grant from the GE Foundation to move ahead. Eight other teams will compete for an additional $10,000 post-hackathon award on Jan. 24.

In addition to incorporating We Are Allies, Inc. as a non-profit at the state and federal level, the team has started to develop and test the purple carrying cases.

The positive feedback the team has received thus far has fueled their drive to turn the concept into a reality, Olson says. "Everyone we talk to is so enthusiastic and our thought process goes from 'Do we take this from touching a hundred people's lives to a thousand people's lives to a million people's lives?' We know the idea has legs, but we also need to put on our research, design, technical and business-people hats and take it one step at a time." ■

— Women in leadership

(Continued from page 1)

ON WHAT MAKES A GREAT LEADER:

A leader has to create an environment in which every single person feels they are contributing to the greater good. Like the man sweeping the stairs at NASA who is asked 'What are you doing?' to which he replies 'I'm putting a man on the moon.' -CM

Creating an environment in which the primary questions of the organization – is it succeeding? how are leaders perceived? – bring about excellence in a fashion that is as free from conflict of interest as it can be. -CM

Doing the right thing in the right way. -CM

There is nothing wrong with trying something, recognizing it may not be working and revisiting it. We must be able to realize and admit when something wasn't the right decision. -RS

ON HOW TO MOVE UP IN YOUR CAREER:

Don't get hung up on titles – grow your skills until you can move up, maybe higher, but there are ways to grow sideways if not up. Sometimes you need to move outward in order to move upward. -RS

Put yourself out there, look for opportunities and let people know you want to grow. -RS

ON WORK/LIFE BALANCE:

Find a network of people to help — neighbors, friends, family and others. -CM

Kids benefit from seeing people interact in the real world. Have open and honest conversations, know things will never be perfect but will be the best you can make them be. -CM

Be comfortable that you are making the best decisions for you. Life is short. Go pursue your passion and do whatever it is that makes you happy. -RS

We have to be active participants in the lives we are living. Never be afraid to re-energize, re-focus and go on to think of new things. –CM

The MGH Women in Leadership Program brings together MGH women in management roles to network, build relationships and share stories about leadership. ■

CHANGE IN *HOTLINE* SCHEDULE

MGH Hotline will not publish Jan. 20 due to the Martin Luther King Jr. Day holiday. The regular publication schedule will resume Jan 27.

Powerful music, powerful medicine

IT WAS AN EMOTIONAL evening at the seventh annual Vietnam Vascular Anomalies Center (VAC) Classical Benefit Concert on Dec. 4, 2016, at the Goethe-Institut, Boston. The concert not only raised funds to treat children with disfiguring birthmarks in Vietnam, it also celebrated the memory of Samuel (Sammy) Fisher who died last summer at the age of 24 – a brilliant young musician and son of David Fisher, MD, chief of Dermatology, who has contributed his virtuoso cello playing at every concert since its inception.

"Sammy was a talented classical cellist and jazz bassist who performed several times in the VAC benefit concerts," says Claire Fisher, Sammy's mother. "The evening featured beautiful melodies from Saint-Saëns to Bach to Shubert that commemorated the numerous ways Sammy made the world better, including for the children of Vietnam." The night also included tributes from David Fisher and Martin Mihm, MD, director of the Melanoma Program.

More than 100 guests enjoyed Vietnamese delicacies, musical performances and a silent auction, raising more than $40,000 critical for the clinic's continued operation. Proceeds from the concert are used directly for the treatment of children, supplies and maintenance of the clinic.

HUMANE VIRTUOSITY: From left, Anderson, Ellyses Kuan, Thanh-Nga Tran, Young-Shin Choi, Fisher and Julie Reimann, MD

PHOTO CREDIT: GEORGE MORGAN

"The most valuable lesson to me about this effort is to get off your chair and get out of your daily grind and go do something else," said Rox Anderson, MD, director of the Wellman Center and a co-founder of VAC. "There is no greater thrill than to know that what you do actually has an impact."

The Vietnam VAC was founded in 2009 as a humanitarian medical collaboration between physicians from the MGH; Brigham and Women's Hospital; Beckman Laser Institute, Irvine, Calif.; Texas Children's Hospital, Houston; and the University of Medicine and Pharmacy of Ho Chi Minh City, Vietnam. Its mission is to provide much needed modern clinical care for children with disfiguring birthmarks and other severe skin conditions on a free, safe and effective basis.

Throughout the past six years, the VAC has transformed the lives of more than 5,000 young patients and expanded clinical operations to include modernizing dermatopathology and providing training in pediatric dermatology, pediatric anesthesiology and interventional radiology. The clinic is a humanitarian outreach of members of the Wellman Center and the Department of Dermatology.

"To directly get to know people and help these kids with their lives is a chance to fully express idealism and know that the world is a good place," said Anderson. "That is the value of doing humanitarian work."

MASSACHUSETTS GENERAL HOSPITAL

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MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Stumbling blocks into stepping stones

PERSEVERANCE AND GRACE are qualities people often learn through life experiences. For 17-year-old Olivia Renzi, these qualities allowed her to transform stumbling blocks into stepping stones.

For years, doctors could not figure out why Olivia was growing so rapidly. She was much taller than other children her age and wasn't developing normally. In 2013, her mother, Andra, brought Olivia to MassGeneral Hospital for Children (MGHfC) to meet Gleeson Rebello, MBBS, in Pediatric Orthopaedics.

"When I first met Olivia, I knew she had bigger fish to fry than just her orthopaedic issues that I treated her for," says Rebello. "She's very tall for her age, about 6-foot-5-inches, so I thought her medical issues could have an endocrine component as well."

Rebello referred the family to Vibha Singhal, MBBS, an MGHfC pediatric endocrinologist. After multiple blood and imaging tests, Singhal diagnosed Olivia with gigantism, a rare growth disorder caused by a non-cancerous pituitary brain tumor.

(Continued on page 3)

KEEPING CALM AND CARRYING ON: Olivia celebrates her 17th birthday.

MGH study links stress and heart disease

"IT'S GIVING ME A HEART ATTACK." "This is making my blood pressure rise." While one-liners about stress and its impact on health – particularly the heart – are commonplace, exactly how stress affects the body is still not fully understood. But for the first time, an MGH study has identified a link between activity in one part of the brain to episodes in the heart.

Here Ahmed Tawakol, MD, associate director of Nuclear Cardiology and co-director of the MGH Cardiac MR PET CT Program and the lead author of the study published in *The Lancet*, explains his findings.

WHY IS THIS IMPORTANT?

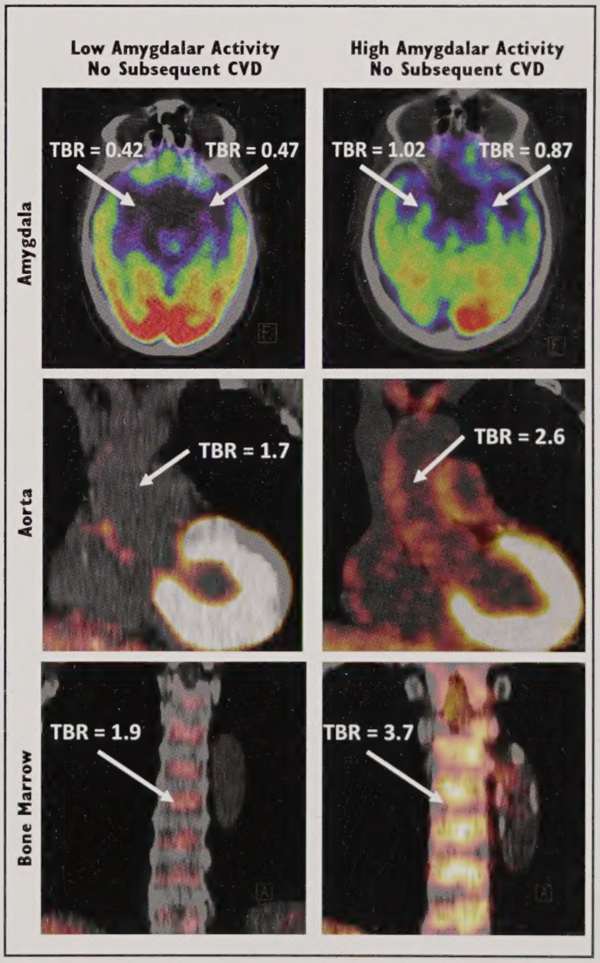
This research – for the first time in humans – links brain activity to subsequent cardiovascular disease.

People who had more activity in the amygdala – the area of the brain determining fear, stress and emotion – were also more likely to suffer from heart disease in the future – mostly heart attack and strokes.

WHAT TEAMS WERE INVOLVED IN THE STUDY?

We carried out two complementary studies.

The first, here at MGH, analyzed about 300 people who had PET/CT imaging, mostly for cancer. The scans recorded brain activity, bone marrow activity, spleen activity and inflammation in the heart arteries. We were interested in the bone marrow and the spleen because some animal studies have suggested stress can lead to more immune cell production in those areas. After that, we closely followed the health of each patient for about two to five years.



The second study, by the Icahn School of Medicine at Mount Sinai in New York, enrolled 13 people with a history of post-traumatic stress disorder. They were evaluated for their current levels of perceived stress and they had scans to measure amygdala activity and arterial inflammation.

(Continued on page 4)

01.27.17

From genetics to genomics: The Center for Human Genetic Research becomes the Center for Genomic Medicine

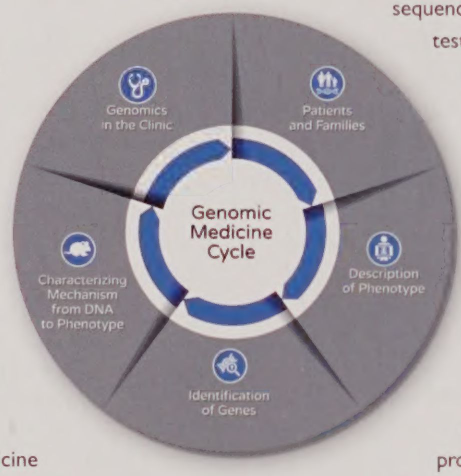
THE MGH CENTER for Human Genetic Research was established with a mission of discovering and researching the human DNA sequence, identifying spelling differences within the sequence and determining how different genes and mutations affect many common and rare diseases.

With two decades of progress in research-focused discoveries, the field of genomics is now poised to enter a new clinical translation phase, where knowledge of the genome and the molecules it encodes may lead to new diagnostics, predictive tools and treatments. With this new phase, comes a new name: The Center for Genomic Medicine (CGM).

"While the important discovery work of the center continues, its new name – The Center for Genomic Medicine – signals the growth of the field from primarily genetic discovery to translational applications in medicine," says Harry Orf, PhD, senior vice president for Research. "Now we can take what we've learned and translate this genetic research to directly affect medicine."

The goal for the next few years is to assess where genomic medicine will have the greatest impact on human health and to implement genomic medicine in those clinical areas.

"We can use knowledge of the genome to understand who, for example, is at risk for sudden cardiac death," says Sekar Kathiresan, MD, CGM director. "The genome sequence can also be used in healthy individuals to determine potential risks and can also be used as a diagnostic in patients who are already sick to understand why."



"Just like an MRI or a mammogram, the genome sequence may become a routine clinical test," says Kathiresan. "In which clinical scenarios will genome sequence prove useful for diagnosis, prognosis or therapeutic decision making? This question is a new focus we are adding to the center's work, and the name change reflects this."

CGM faculty are leading studies in the emerging field of genome interpretation. Understanding how differences in human DNA sequence lead to differences in disease susceptibility may prove useful to diagnose or treat patients in the clinic. "While 99.9 percent of letters in the DNA sequence are the same between most humans, one out of 1,000 may be different," says Kathiresan. "The key challenge facing us is interpreting those spelling differences for clinical meaning. The field is still in its infancy."

Says Orf, "As we learn more and more, it will change how the practice of medicine takes place in the clinic. Our goal with genomic medicine is to help clinical departments. We hope to make genomics a vital tool that clinicians can use to improve diagnosis, disease management and treatments." ■

Completing the genomic medical cycle

THE GOAL of the CGM is the dissemination of the Genomic Medicine Cycle.

The cycle is a paradigm for disease research that begins by comparing human phenotypes and genetic variation to identify genes of importance in human disease, then moves on to characterizing the mechanisms by which the underlying DNA differences lead to disease, and is completed when the knowledge gained delivers benefit back to patients in the forms of improved diagnosis, disease management and treatments.

In particular, CGM will lead the effort to complete the Genomic Medicine Cycle – from genetic discoveries to mechanism to the clinic – by assessing where genomic medicine will have the greatest impact on human health, and by driving efforts to implement genomic medicine in those areas at the MGH and beyond.

Vivacious volunteers

THE VOLUNTEER DEPARTMENT hosted its annual Pin Night Ceremony Dec. 7 at the Paul S. Russell, MD Museum of Medical History and Innovation to recognize and thank volunteers who have contributed a generous amount of time to the hospital. The Service Pins are awarded annually in honor of the hard work, commitment and hours of service given to the hospital.

"The MGH Volunteer Department supports and celebrates each of our more than 1,200 volunteers," says Jackie Nolan, director of Volunteer and Information Ambassador Services. "Of those, more than 800 volunteers dedicate their time weekly. This is also an occasion to honor volunteers that have reached significant milestones in their service."

In addition to the pinning ceremony, Milton Calderon, volunteer coordinator, and Michael Stone, manager of Information Desks, shared "Massachusetts General Hospital Beacon: Innovating in Patient Discharge and Escort Programs," which was initially presented at the annual conference of the Association of Healthcare Volunteer Directors in Atlanta, Georgia last October.

From the presentation, volunteers learned how new technology is used to significantly improve efficiency and provide better service for dispatching patient escorts to units within the hospital.

"Our volunteers are phenomenal and we are very grateful for their generosity, kindness and commitment," says Nolan.

For more information regarding the services offered by volunteers, contact the Volunteer Department at 617-726-8450 or visit *www.mghvolunteers.org.*

HONORING HOSPITAL-DEDICATED HOURS

10,000-plus hours –
Margaret Wilke

8,000 hours –
Kevin Currie and Peggy Scott

6,000 hours –
Joan Litchfield

5,000 hours –
Gaylen Bent, Joel Lesser, William Zadroga

4,000 hours –
Catherine Kwesell

3,000 hours –
David Moccia, David O'Brien

RECENT RENOVATIONS: The MGH General Store recently went under renovation to create a more open floor concept and to improve handicapped accessibility. There are new fixtures to provide a more organized and efficient merchandising space for each department. The updates included a new floor, a new paint color and lighting to enhance the shopping experience for patients, employees and visitors.

An enhanced experience

— *Stepping stones*

(Continued from page 1)

"When they did the MRI and my mom told me they found something, I sort of knew what it was," says Olivia. "I just thought to myself, 'OK, this is what they found and now I have to take care of it.' I chose to see the treatments as ways of helping me move toward getting better. In my mind, that was the only way to look at it."

Amid medication changes to control her symptoms, surgery to remove some of the tumor and radiation to shrink what couldn't be surgically removed, Olivia took every obstacle in stride – including an additional diagnosis of narcolepsy, a sleep disorder that causes overwhelming drowsiness.

"One thing I've learned is how to calm myself down and be OK," Olivia says. "When you're faced with a struggle, it's important to have a big cry and let those emotions out because once you do, you're through it and you feel better. I know everything the doctors do is to help me feel better."

Despite the many challenges, Olivia is now a high school senior and takes college-level animation and graphic design courses at Lesley University. She recently traveled to New York City to study film production at a young adult summer program. Her medication regimen, diligence with doctors' appointments and positive attitude keep her on track to do the things she enjoys.

"Mass General was there for us in a time of what felt like hopelessness. They knew what they were doing and they did it," says Andra, who credits MGHfC with her daughter's ability to thrive. "You're not just another appointment; you're not just a number. You feel like part of a team, like you're valued and they'll do anything to help figure out what's wrong."

Singhal said Olivia is an endless source of learning and inspiration, not only as a patient, but as a person. "Seeing Olivia in such a great place amid such a difficult diagnosis is really all I could ask for," he says. "Olivia inspires me and challenges me in so many ways on a human, medical and social level. It's so rewarding to care for her."

Some of the MGH volunteers

— Stress and heart disease

(Continued from page 1)

WHAT DID YOU FIND – AND DID ANYTHING SURPRISE YOU?

This is where things became interesting. During that two- to five-year period in which we were watching patients at the MGH, 22 of the patients had a cardiovascular event – such as a heart attack, stroke, chest pain or heart failure. In looking at the initial brain scans of those 22 patients, we found a higher level of stress activity in the amygdala.

The link was strong, even when taking into account other factors like smoking, lipids, diabetes or hypertension. The folks with higher activity in the amygdala developed heart attacks and strokes sooner than those who showed lower activity. The sub-study from Mount Sinai showed that the subjects' psychosocial stress level – assessed using a stress questionnaire – went hand-in-hand with amygdalar activity – measured with imaging.

WHAT'S NEXT?

While smaller stress reduction studies have been promising, large trials are still needed to confirm that treating stress actually reduces heart attacks. In the meantime, it's reasonable to recommend stress reduction techniques to patients with higher stress and a higher risk of heart disease. Controlling stress should enter the conversation, along with diet and exercise, when it comes to combating cardiovascular disease. ■

February is Heart Month

MARK YOUR CALENDARS: February is Heart Month. Here at the MGH there are a number of events happening hospitalwide.

FRIDAY, FEB. 3 – GO RED FOR WOMEN

Don't forget to wear red to raise awareness of heart disease in women. Snap a selfie and share it on social media. Be sure to tag *#GoRedWearRed, #BostonGoesRed* and *#MassGeneral.*

THURSDAY, FEB. 9 – HEART HEALTH TIPS IN THE WHITE LOBBY

Come between 11 am-1 pm to the White Lobby for a spin of the Heart Disease Risk Factor Wheel, along with fun giveaways from the Heart Center.

THURSDAY, FEB. 9 – PREVENTION FOCUS IN THE BLUM CENTER

Nandita Scott, MD, of Cardiology, will discuss the differences between men's and women's hearts in the Blum Center from noon-1 pm, with a focus on prevention of heart disease.

FRIDAY, FEB. 24 – SHARED DECISION MAKING ON HEART DISEASE

Rory Weiner, MD, MGH cardiologist, will answer questions about heart disease from noon-1 pm in the Blum Center.

ROCKING THEIR RED: Members of MGH Cardiology support Go Red for Women.

2016 W2 forms

EMPLOYEES' 2016 W-2 forms are now available using PeopleSoft Self Service.

Employees can view, save or print tax years 2013, 2014, 2015 and now 2016 in a PDF format. The 2016 W-2 form will still be mailed to employees' homes. This PDF option just allows access to W-2 information faster.

This electronic form is an official form and can be used when filing your tax return. Employees can log on to PeopleSoft and navigate to Main Menu > Self Service > Payroll and Compensation > View W-2/W-2c Forms and then click on "Year End Form." The W-2 will open in a PDF format.

To view previous years, click on "View a Different Tax Year" and select the year needed. Click on "Year End Form," which will open the W-2 in the PDF format.

Filing instructions for each tax year are available by clicking on "Filing Instructions."

Should you have any questions, please call 617-726-2148.

HUBweek 2017

THE MGH again will join Harvard University, MIT and the *Boston Globe* this fall for the third annual HUBweek, the civic collaboration that celebrates Boston as a center of innovation in science, art and technology. HUBweek will take place Oct. 8 –15 this fall.

During the week-long festival, attendees will have the opportunity to attend engaging, challenging, educational and entertaining programs – open to the public and offered free of charge with advance registration required.

Last year, more than 1,400 people enjoyed programs hosted by the hospital.

To keep informed about this year's events and see highlights from HUBweek 2016, visit *www.HUBweek.org.*

MASSACHUSETTS GENERAL HOSPITAL

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MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Diversity and inclusion focus of town hall meeting

"LET ME BEGIN by saying one thing: Massachusetts General Hospital will never discriminate against people."

Staff filling the O'Keeffe Auditorium erupted into applause following those words by Jeanette Ives Erickson, RN, senior vice president for Patient Care and chief nurse, who hosted a town hall discussion Feb. 1 focused on diversity and inclusion.

"I think it's perfectly clear from our leaders – Peter L. Slavin, MD, MGH president, and Thomas J. Lynch, MD, MGPO chairman and CEO – that they are committed to doing whatever is possible to support our patients, our staff and all of our families – whatever it takes," said Ives Erickson.

During the hour-long session, Ives Erickson encouraged attendees to share their concerns, questions and feedback in the wake of the executive order signed by President Donald Trump that placed a temporary ban on immigrants from seven countries – Iran, Iraq, Libya, Somalia, Sudan, Syria and Yemen. Helping to provide responses was a panel of MGH staff from various areas of the hospital community: Steve Taranto, director of Human Resources; Bonnie Michelman, director of Police, Security and Outside Services; Carmen Vega-Barachowitz, director of Speech, Language and Swallowing and Reading Disabilities; Zeina Marshall, patient care associate in Labor and Delivery; and Imam Elsir Sanousi, of MGH Chaplaincy.

Michelman encouraged staff to speak up if they witness or experience any concerning behavior. "If you see or hear something, say or do something," she said. "Our department's goal is to ensure everyone feels safe and welcome at all times and I encourage you to reach out if you need advice or are simply feeling uncomfortable, or need an escort. We are here for you."

The group stressed there are resources

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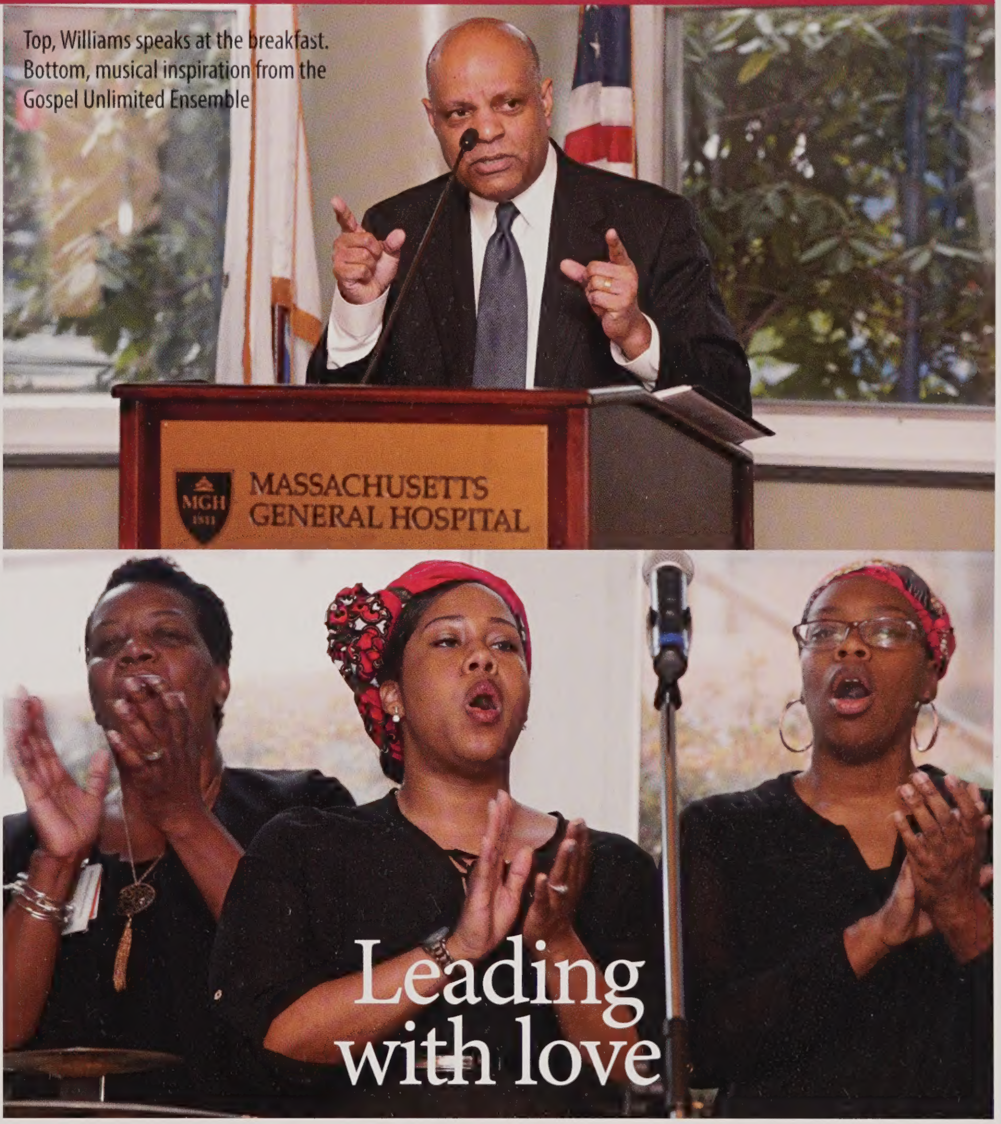


Top, Williams speaks at the breakfast. Bottom, musical inspiration from the Gospel Unlimited Ensemble

Leading with love

"I HAVE DECIDED to stick to love. Hate is too great a burden to bear."

The words of the late Rev. Dr. Martin Luther King Jr. were reflected on Jan. 27 at the annual MLK Gospel Celebration Breakfast in the standing-room-only East Garden Room.

"At Mass General, we are involved in work that transcends politics," said Brit Nicholson, MD, senior vice president for Development. "First and foremost, we aim to heal – no matter what our patients look like, what they believe, where they come from or whom they love. Dr. King was a fighter, but a peaceful fighter, an advocate for justice and a strong believer in the power of love. Day in and day out we must work to live out these ideals of Dr. King. These days – more than ever – it is important to understand that while we fight for equality, we must do so with inspiration, not with criticism."

Nearly 50 years after King's untimely death, the celebration – hosted by the Association of Multicultural Members of Partners – focused on the theme of love, bringing King's inspirations and teachings to today's world.

"We are living in challenging times," said Winfred W. Williams, MD, associate chief of the MGH Division of Nephrology and founding director of the Center for Diversity and Inclusion. "It is a call to action for all of us who wish to see the legacy of Dr. King honored, and continue to make America the nation we want her to be."

(Continued on page 4)

02.03.17

Houston bound

GO PATRIOTS! Andrea Stidsen, director of the Partners Employee Assistance Program, and Deborah Boudrow, senior procurement manager for Nutrition and Food Services, are headed to Houston to watch the New England Patriots take on the Atlanta Falcons in Super Bowl LI! More than 9,000 entries were purchased for the raffle, whose proceeds will benefit the My Giving Helps campaign. Pictured are Stidsen, with Peter L. Slavin, MD, MGH president, left, and Jeff Davis, senior vice president of Human Resources, and Slavin congratulating Boudrow, right.

Track It-MGH

THIS MONTH the MGH launched Track It-MGH, a three-month pilot program to track to location of medical equipment in real-time throughout the main campus. A decade in the making, the pilot uses infrared technology blended with Wi-Fi scaled to track approximately 15,000 portable pieces of medical equipment across the campus – including six inpatient units that have been outfitted to track equipment to the meter level.

"There are more than 40,000 pieces of medical equipment within the MGH that need to be able to be tracked for a host of reasons – chief among them safety and efficiency needs, while also meeting regulatory requirements," says Gregory Sullivan, senior project specialist for Biomedical Engineering. "A campus as open and expansive as MGH poses unique challenges when it comes to locating these assets to perform even the simplest of preventative maintenance measures."

Recognizing MGH's continued growth and increasingly portable medical assets, a decade ago a group comprising several departments – including Materials Management, Biomedical Engineering, Environmental Services and Police, Security and Outside Services – convened to outline challenges in managing portable medical equipment. The result netted a comprehensive checklist for any problems the MGH would need to seamlessly address.

> **"A campus as open and expansive as MGH poses unique challenges when it comes to locating these assets to perform even the simplest of preventative maintenance measures."**

"Ten years ago the technology we envisioned for the MGH was in its infancy, which means we had a fair amount of time to further amend and visualize what would eventually be needed," says Sullivan. The first phase of Track It-MGH is currently funded, while phases two and three represent expansion opportunities in the future. Together, these phases include:

PHASE I: ASSET MANAGEMENT – Infrared and Wi-Fi solutions provide high-resolution locations of tagged equipment within inpatient areas and low-resolution in outpatient areas in real time.

PHASE II: PATIENT CARE – How each item tagged within the system is used – and how long it is used within each clinical interaction – will help inform the refinement of patient flow procedures, leading to better processes and improved patient satisfaction.

PHASE III: STAFF AUTOMATION – Automating certain processes can help improve patient interactions with their care team. For example, when a nurse enters the room of a patient who has called, the system will automatically turn the call signal off, eliminating the need for the nurse to manually do so.

Track It-MGH affects the institution's reporting at the federal level, as well.

"The Centers for Medicare & Medicaid Services and The Joint Commission dictate 100 percent compliance for maintenance of all medical equipment within the MGH," says Patricia Volpe, director, Biomedical Engineering. "For example, we must be able to locate all 2,700 small, portable IV infusion pumps – items frequently in high demand – should we need to address a recall situation or perform maintenance. Therefore, it becomes imperative we know the whereabouts of the equipment at all times to ensure clinicians have the most up-to-date, safe to use equipment they need, where and when they need it, and the right-sizing of the equipment inventory to maximize the use of the hospital's resources."

Thus far, Volpe and Sullivan say the early results of the pilot are encouraging, pointing to a larger roll-out later this year. ■

MASSACHUSETTS
GENERAL HOSPITAL

MGH Mission

Guided by the needs of our patients and their families, we aim to deliver the very best health care in a safe, compassionate environment; to advance that care through innovative research and education; and to improve the health and well-being of the diverse communities we serve.

MGH Credo

As a member of the MGH community and in service of our mission, I believe that:

- The first priority at MGH is the well-being of our patients, and all our work, including research, teaching and improving the health of the community, should contribute to that goal.
- Our primary focus is to give the highest quality of care to each patient delivered in a culturally sensitive, compassionate and respectful manner.
- My colleagues and I are MGH's greatest assets; understanding and valuing our differences helps us excel.
- Teamwork and clear communication are essential to providing exceptional care.

As a member of the MGH community and in service of our mission, I will:

- Provide compassionate, equitable and patient-centered care.
- Listen and respond to patients, patients' families, caregivers, colleagues and community members.
- Ensure that the MGH is safe, accessible, inclusive and welcoming to everyone.
- Share my successes and errors with my colleagues so we can all learn from one another.
- Make wise use of the hospital's human, financial and environmental resources.
- Be accountable for my actions.
- Uphold professional and ethical standards.

MGH Boundaries Statement

As a member of the MGH community and in service of our mission, I will never:

- Knowingly ignore MGH policies and procedures.
- Criticize or take action against any member of the MGH community raising or reporting a safety concern.
- Speak or act disrespectfully toward anyone.
- Engage in, tolerate or fail to address abusive, disruptive, discriminatory or culturally insensitive behaviors.
- Look up or discuss private information about patients or staff for any purpose outside of my specified job responsibilities.
- Work while impaired by any substance or condition that compromises my ability to function safely and competently.

MASSACHUSETTS
GENERAL HOSPITAL

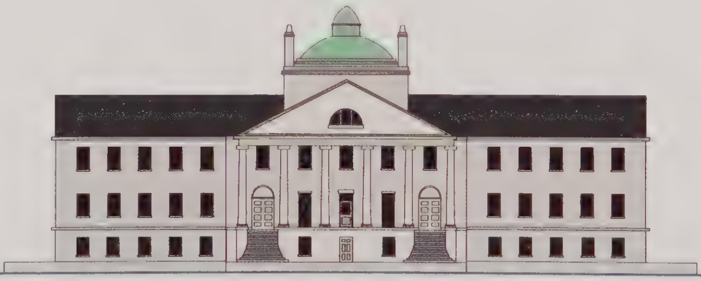
MGH Diversity and Inclusion Statement

Diversity is the richness of human differences. **Inclusion** is when everyone is valued, engaged and feels connected. At Massachusetts General Hospital, we believe that because of diversity we will excel; through inclusion we will respect; focused on equity we will serve, heal, educate and innovate.

Because of diversity we will excel. We think broadly about diversity and everything that makes us unique. It is core to our mission. Our differences make the MGH a more interesting and distinctive environment in which to work and are an important means of providing the very best care to every one of our patients, regardless of race, ethnicity, gender, gender equity, religion, age, sexual orientation, disabilities, life experiences, geographic backgrounds, skills and talents among others. We will not excel without recognizing and appreciating everyone's perspectives.

Through inclusion we will respect. Together we work hard to make this hospital a diverse and inclusive place of healing. Encouraging a broad range of opinions, ideas and perspectives drives creativity, innovation and excellence. Our continued engagement in our nationally recognized initiatives and programs highlights our commitment to diversity and inclusion. But this ongoing work will not be complete until every employee, every patient, every family member, every visitor feels safe, respected, welcome, comfortable, supported and accepted within our walls.

Focused on equity we will serve, heal, educate and innovate. Our job is to improve health and save lives, regardless of what our patients or colleagues look like, where they come from, what they believe or who they love. Issues of equity and justice are not separate but rather intertwined with patient care, education, research and community health. Targeting inequality enhances the quality of care for all. We believe in treating our patients and each other with the dignity that every human being deserves.



MGHers: Sign up for emergency communication alerts

THE MGH USES the Employee Alert System (EAS) to communicate emergency information to all employees. The EAS delivers important messages to users by text message, email and phone. Computer pop-up alerts are also in place at many sites with other sites being added throughout 2017. You will receive messages from the hospital in the event of weather, public transportation or other emergency.

WHAT DO STAFF NEED TO DO?

From your work desktop, go to Partners Applications > Utilities > Partners Employee Alert System to log into the member portal. From there, you can customize your notification preferences, verify your contact information and choose which Partners institutions you receive alerts from.

If you would like to receive notifications on your mobile phone, please make sure this information is in the Partners Telephone Directory (PPD). If you do not want your mobile phone to be publicly visible, you can mark it confidential.

Optional: Download the free mobile app, ContactBridge, which will allow you to receive Employee Alert System notifications on your smartphone and interact with the system. You can login to the app using the single sign-on key phrase "partners1" (case sensitive) and your Partners username and password.

Open a HelpDesk ticket if you need technical assistance using the Employee Alert System.

NEW FEATURES

The Employee Alert System includes the following conveniences:

- Users decide how they would like to be notified, and in what order the system should use these methods to try and contact you. For example, you can tell the system to try your mobile number first, followed by your home phone number and then email. When an alert is sent, the system will attempt to reach you via your mobile phone. If it succeeds, it will make no further attempts. If it does not reach you, it will continue to try and reach you at all of the contact methods you have listed, in the order you indicate.
- Your contact information is synched once a day with existing databases such as PeopleSoft and the Partners Paging Directory which means if you update your phone number in the source location, such as PeopleSoft, the Employee Alert System will update with no additional action required by you. ■

— Town hall

(Continued from page 1)

available for staff seeking guidance or support, including:

- Partners Office for International Professionals and Students at *pips@partners.org*.
- Employee Assistance Program at 866-724-4EAP or via email *astidsen@partners.org*.
- MGH Chaplaincy at 617-726-2220 or via email at *esanousi@partners.org*.
- MGH Police and Security at 617-726-2121.
- Human Resources at *staranto@partners.org*.

"We need to elevate all the ways that we are good and make sure we turn to someone and say, 'What can I do? How can I help?'" said Ives Erickson. "We need to think about how to reach out to a fellow human being and say, 'I appreciate you.' I encourage you to make a commitment once a day – a minimum of once a day – to reach out to someone. We have all of you in this community who are dedicated to a solution and we really need that human-to-human interaction."

Coping during unsettling times

THE FOLLOWING information is provided by the Partners Employee Assistance Program.

Some members of our community who may be directly affected by recent events are likely to be experiencing a great deal of stress and worry and we encourage these individuals to reach out to the many resources available through the MGH. For others who have more general concerns and anxiety, we have included the following guidance.

Regardless of your politics, this is a time of change and uncertainty in the United States. Concerns about national security, terrorism, hacking threats, gun rights and sexual assault can trigger distrust, fear and anxiety. Frequent messages from news media, Facebook postings, tweets and other social media can be overwhelming. Are you avoiding co-workers, friends and family members with whom you disagree? You are not alone. Strong feelings about politics are causing not only rifts between democrats and republicans, but also among co-workers, families and friends.

How can you minimize stress and feel safe? Here are some suggestions that can help you maintain your well-being during challenging times.

- Make active decisions about when and for how long to listen to media reports. Filter the flood of news from all its sources including radio, TV and the internet.
- It's OK to not be plugged in all the time. Limit time on social media.
- Change the subject. Be aware of how much politics are dominating conversations with co-workers, friends and family. It's OK to tell people that you'd rather not talk about politics - don't hesitate to switch to a more neutral topic. Avoid politics altogether if a conversation is likely to escalate to conflict.
- Contain your worry. Limit the amount of time you spend worrying. It's better to set aside time during the day to think about what worries you.
- Use your energy to make a positive difference on issues you care about. Options include volunteering in your community or attending a rally to advocate for an issue you support, or one a friend or colleague supports.
- Nurture good connections to those you care about. Spend time with people who support and validate you. They can be comforting and help you to sit with uncomfortable emotions.
- Use coping strategies such as taking a walk, exercising, reading a book, spending quiet time alone, watching a funny movie, taking a bubble bath and getting enough sleep.
- Stay focused on your regular work and home activities. Routines can be calming and reassuring.
  Be optimistic about challenges ahead. Stay in touch with your sources of spiritual strength and renewal (nature, prayer, yoga, meditation, etc.)

For more information, visit *www.eap.partners.org* or call 866-724-4327.

— *Leading with love*

(Continued from page 1)

Williams, who served as keynote speaker, came to the MGH 27 years ago. He shared his memories about growing up in Baton Rouge, Louisiana – a deeply segregated city in his youth. Also in attendance at the event were Williams' sister – one of the first in the group of African American students to lead in the desegregation of schools in Baton Rouge – and his 101-year-old mother – an educator and activist who "instilled in us the values of hard work and standing up always for equality and justice," said Williams.

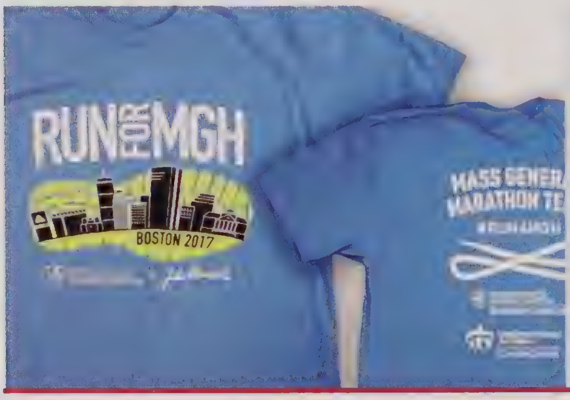
The event also featured MGH Police and Security Color Guards, a rousing rendition of the national anthem sung by Nicole Marquez and inspiring music by Elder Hu and the Gospel Unlimited Ensemble. The 2017 MGH YMCA Achiever Awardees also were honored at the event: Latoya Brewster, Nutrition and Food Services; Katia Canenguez, PhD, Child and Adolescent Psychiatry; Nathalee Kong, MD, Revere HealthCare Center; Aswita Tan-McGrory, Disparities Solutions Center; and Daniel Urizar, Environmental Services. The YMCA Achievers program recognizes multicultural employees across Boston for their professional and community-based achievements.

"As doctors, we have patients from all over the world, from all different backgrounds and walks of life, all with various ailments," said Williams. "We walk into their lives and they place the burden of healing on us. It is a privilege to care for each and every one of these patients. We must have patience, great empathy, compassion and more importantly, we must have love. Yes, love. It is the essence of life, and we must have the capacity to love those who we are healing." ■

Movin' and groovin' moms

DURING THE MONTH of January, the MGH Revere HealthCare Center offered parent-child Zumba classes every Tuesday. The hour-long group was offered to MGH Revere patients and community members at no cost, and was led by Jeanette Velez, director of the Chelsea-Revere Family Network. Some moms chose to participate holding their young children and other kids decided to dance alongside the group. Childcare was offered for children that were too young to participate. In total, 11 moms and 13 kids (ages 0-5) attended the classes.

"Our intent behind starting the group was to offer a space and time for moms to engage in physical activity while also having fun and relaxing," says Grace Schierberl, Behavioral Health Outreach coordinator and parent educator at MGH Revere. "We are hoping to offer the classes again in the spring."



2017 Boston Marathon Team T-shirt available

SHOW YOUR SUPPORT for the MGH Marathon Team by purchasing this year's limited edition T-shirt. The popular Boston-themed T-shirt design has been updated with bright new colors for 2017. Commemorate the MGH team's efforts in the 121st Boston Marathon and show the world what Boston and the MGH mean to you. All proceeds from T-shirt sales benefit the causes of the MGH Marathon Teams: Pediatric Cancer and Emergency Response. T-shirts are available in the MGH General store, or at *www.runformgh.org/tshirt.*

Cupcakes and tees at the Blood Donor Center

EVERYONE IS INVITED to visit the MGH Blood Donor Center on Thursdays this February to make a lifesaving blood donation and enjoy a variety of delicious cupcakes from Boston's best bakeries.

Cupcake event dates and bakeries:

Feb. 9: Lyndell's Bakery, Cupcake City, Yum Bunnies Cakery and Georgetown Cupcakes

Feb. 16: Lyndell's Bakery, Cupcake City and J.P. Licks

Feb. 23: Lyndell's Bakery, Cupcake City and Sadie Mae's Cupcakes

Appointments are required for guaranteed admission. To make an appointment contact *kegamache@partners.org* or call 617-726-8171.

Also during the month of February, all blood and platelet donors will receive a special long-sleeve MGH Blood Donor T-shirt.

Follow *@mghblooddonor* on Facebook and Instagram to stay up to date. When visiting during Cupcake Days donors are invited to use "Insta-Stage" and hashtag *#mghblooddonor.* ■

MASSACHUSETTS GENERAL HOSPITAL
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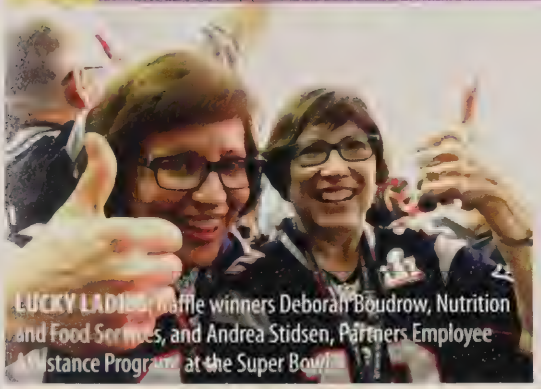
02.10.17

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Ducks and GOATs



LUCKY LADIES: Raffle winners Deborah Boudrow, Nutrition and Food Services, and Andrea Stidsen, Partners Employee Assistance Program, at the Super Bowl.

SUPER EXPERIENCE: From left, Catherine's mother, Stacey Dupuis; Catherine; Melissa Tecci, child life specialist; Rob Ninkovich, Patriots outside linebacker.

IT WAS THE experience of a lifetime. From the stands and the sidelines of NRG Stadium in Houston, Texas to the stern of a duck boat rolling along the streets of Boston, members of the MGH community were there to celebrate the Patriots historic Super Bowl LI victory.

The Patriots medical team included MGH clinicians, above from left, Peter Asnis, MD, MGH Orthopaedic Surgery; Nick Skordas, MD, Orthopaedic fellow; Paul Cusick, MD, team internist; Mark D. Price, MD, MGH Orthopaedic Surgery, head team physician and medical director; Mike Generazzo, RN, MGH Emergency Department; and David Brown, MD, chief of Emergency Medicine.

Two days after the historic win, MGH patient Catherine Dupuis, 9, of Bolton, Massachusetts received two great surprises – she was ready to be discharged from the hospital and was invited to be part of the Patriots Victory Parade.

"It was super cool to meet some of the players and get their autographs and stand alongside them on the duck boats as they paraded through Boston," Catherine says. "I think this was the best discharge from the hospital I've ever had." ■

A multitude of milk: Which should you choose?

"HEART DISEASE is still the No. 1 cause of death in the U.S.," says Deborah Krivitsky, MS, RD, LDN, director of nutrition at the MGH Cardiovascular Disease Prevention Center. "Nutrition can play a key role in the prevention and management of heart problems and registered dietitians can help." But the tricky part comes for many people when navigating the grocery store.

"One question people frequently ask me is whether they should be drinking milk," says Krivitsky. As part of *Hotline's* Heart Month coverage, here she clears up some of the cholesterol confusion found in the milk aisle.

COW'S MILK

There are a lot of important health benefits tied to cow's milk, including its ability to boost the immune system, reduce the risk of hypertension, protect the heart and aid in weight loss. It's also an excellent source of protein, vitamins and minerals. Make sure to avoid whole milk, which can have too much saturated fat and lead to a spike in your LDL (or bad) cholesterol.

SOY MILK

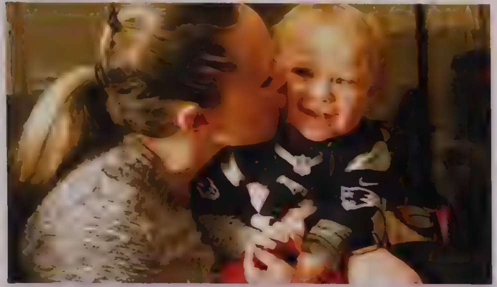
Soy milk is plant based, so it's great alternative for people who can't digest lactose or are vegan. An average

(Continued on page 4)

MGH HOTLINE

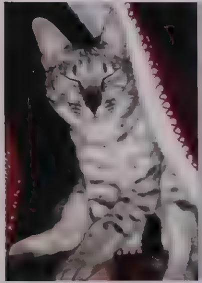
From pets to pals: The loves of our lives

MGHERS share their Valentine's Day love stories featuring the people and pets that bring them joy, who make them smile and who make their lives happier and healthier on a daily basis. ■



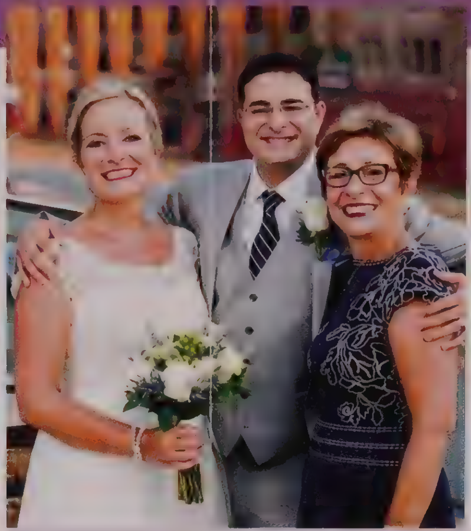
The biggest love in my life is my son, Riley John, 21 months. When I come home from a day at work, he greets me with a huge grin and that makes every day better.
— Amanda Griffin, Translational & Clinical Research Center

Yvonne Dello Russo brings me and others joy every week! Yvonne has been a volunteer at the Blood Donor Center for more than 20 years. Each week she greets us with a big smile, a cheery hello and one of her famous and fabulous hugs! Somehow the day is a little easier when Yvonne is here.
— Kim Cronin,
Donor Services



Two years ago I adopted a cat, Squeaky, that was born with only three legs. Her disability doesn't slow her down. She is the boss in the house. Her antics with my dog and my other cat put a smile on my face. She is very affectionate and loves to cuddle. She has brought so much joy to my family, she's our little love.
— Loralee Farewell-Charros,
Blood Transfusion Service

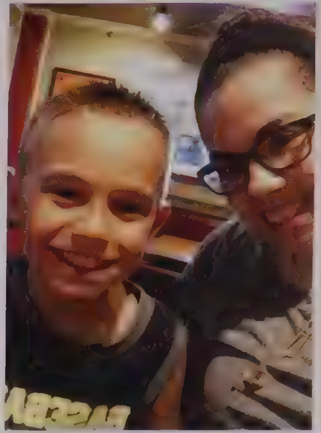
Samuel Alexander in the 125 Nashua Street Café makes me smile at breakfast or lunch no matter how bad of a day I am having. He also makes the best chocolate milk for me – I don't like the carton chocolate milk so he makes it for me with skim milk and lots of Hershey's syrup. I also love how he calls all the women "my lady." He is a true gentleman who always puts a smile on my face! — Lauren Dagnese, Development



My dad used to say, "If you love what you do, you never have to work a day of your life." What makes me smile, and keeps me happy is coming to a place every day that I know makes a difference in the world. The MGH has been part of my family for more than 30 years – my mom is a volunteer and works at the front desk and the staff who work with her are like our family. The MGH also was part of the happiest day of my life – the Gift Shop created the flower arrangements for my wedding. My friends said to me, 'I can't believe how happy your florists are for you, they gave you a hug when they dropped off the flowers.' They are more than florists; they are part of my life, my community. I feel like the luckiest person in the world to walk the halls of the MGH with some of the most amazing people and only hope that I bring as much joy to their lives as they bring to mine.
— Krista McCabe Cruz, Development

The 'love in my life' is my most beloved Welsh terrier, Tango-Raffles. I look forward to seeing him when I return home from work every evening, and I always enjoy his quiet yet cheerful company when I read, study, meditate, cook, fold laundry or sleep. He always understands my moods, and knows the daily rhythm of my life intimately. My life would be plain and dull without the joy of Tango-Raffles' company and comfort.
— Liang Yap, PhD, Neurology

On June 8, 2016 I left my house, kissing my husband Kam goodbye and telling him to have a good day. I went to the Avon Foundation Comprehensive Breast Evaluation Center only to be told that I was a week early for my mammogram appointment. The girl at the desk couldn't have been nicer and said they could see me that day. A few hours later my cell rang: I was diagnosed with breast cancer the next day. Kam has been to every chemo appointment, most of my doctor appointments and was by my side when I stayed in the hospital. The diagnosis and treatment has been the most difficult challenge I have been through, and Kam helps me with the kids, cooking the meals and shopping. He has even tried his hand at doing laundry. When we see all the hearts for Valentine's Day, I am going to think of and be thankful for my husband and my amazing family, but most of all for the compassionate, amazing team I have at the Cancer Center. This is the true meaning of love – the kindness and caring I received at every appointment, surgery and chemotherapy visit.
— Kathy Bazazi, Images Oncology Boutique



The love in my life is my little 8-year-old cousin JoJo. The amount of love, joy and happiness he brings me is more than anything I can ask for. Every day he feels the need to call me to find out exactly what I am doing, and to find out tomorrow's agenda. If he cannot get hold of me, he turns into FBI junior and calls everyone he can think of to help find me. I appreciate those calls as he finds out how work was, what I did at the gym today and making sure I am home safely. JoJo has taught me to have more empathy, compassion and understanding for patients while working here at MGH. He is my biggest motivator to succeed in life, and I know that I must lead a positive path for him. For him, I will always have that unconditional love, like he does for me.
— Bianca Peixoto,
Department of Medicine

I always know I will have a fun and inspiring day when my fellow researchers are here – Trine Grodum Eskesen, left, and Joe Ho Bae, right. My work life would not be the same without them!
— Josefine Baekgaard, Trauma, Emergency Surgery and Surgical Critical Care

Denny is my adorable 13 1/2-year-old Yorkie who always makes me smile, cheers me when I'm feeling down, is always glad to see me even if I am in a bit of a "mood" and can even elevate my blood pressure if it gets too low! He is very crafty – looks around the floor for items he should not have, like coins, paper wrappers, or whatever he can find, and holds whatever it is in his mouth until an exchange is agreed upon – a biscuit perhaps. He prefers Poland Spring to tap water, warm, freshly laundered sheets, playing with his squeaky toys, kisses, hugs and belly rubs! His dislikes: vet visits, baths and thunder.
— Debra Dorry, Orthopaedics

Angela Pan is the sweetest, kindest, most wonderful person you would ever want to meet and her smile is just so infectious! She works as a supervisor at Coffee South in the early morning, Riverside at lunch and then back to close Coffee South. When she worked in the office she would come in and her smile just changed everything. She brought so much joy and laughter to this office that I nicknamed her sunshine. No matter what the day would bring – rain, snow, whatever – she always stayed positive and happy. Angela is always smiling, and if you don't believe me, visit Coffee South or Riverside and I'll bet no matter what kind of day she is having, she is smiling!
— Cheryl Lawless, Nutrition and Food Services

I am lucky enough to fall in love and get my heart broken dozens of times a year. I am a foster mom to homeless dogs with Last Hope K9 Rescue. Having these rescue dogs in my life brings me indescribable joy. I get to watch them come off transport as insecure, timid animals, then slowly blossom into happy, playful dogs. Sometimes this transformation takes minutes, sometimes weeks, sometimes months, but the happiness you feel when your foster dog plays or takes a deep, relaxed sigh for the first time is one of the best feelings. Out of my 30 something foster dogs over the past four years, I have loved and learned something from each and every one of them. At the end of the day, I remind myself they are making another person or family whole, and I have more dogs to save. Someday I hope to adopt a pit bull I can train to be a therapy dog, one that will be able to help me break down stereotypes while also bringing joy to those who need it most. Until then, I'll keep falling in love just to get my heart broken.
— Jillian Monahan, Human Resources

Sandra Marotta, of the Center for Quality and Safety, is always helpful and very aware of others' needs. I remember the day of my job interview she was waiting by the elevators for me. I thought I was just lucky to catch her and she was able to show me to where I needed to be. But then I came to learn that she did that for everyone. In helping to schedule meetings she is very aware of everyone's schedules, including those who could not come in early or others that could not stay late. Sandy goes above and beyond for everyone.
— Maryellen O'Dea
Center for Quality and Safety

— A multitude of milk

(Continued from page 1)

serving is low in saturated fat and has zero cholesterol. Still, it's important to read the label and watch for added sugar, which is considered damaging to the heart and can raise blood pressure. And make sure it's fortified with calcium.

ALMOND MILK

This may come as a surprise to some people, but almond milk is mostly water. As a registered dietitian I don't think it's a good substitute for cow's milk as it provides hardly any protein. A cup of almond milk typically only has about 1 gram of protein. It is a fine low-calorie beverage for people who enjoy the taste, are vegan or have allergies.

RICE MILK

This is milled rice and water and because of that, it's the least allergenic of the milks. It doesn't have any saturated fat, which is good, but if you're watching your waistline, be aware that rice milk can also be higher in carbohydrates. It also needs to be fortified with protein, calcium and vitamin D.

COCONUT MILK

If you've ever added coconut milk to your coffee, you know it's sweet. The added sugar can be a concern. Small amounts are OK, but be sure to also check out the saturated fat content.

GOAT'S MILK

When you compare it to cow's milk, goat's milk supplies more vitamin A, and it does so in the vitamin form, rather than as beta carotene. It also has substantially more niacin and B6 and is lower in folic acid and B12. We know a nutrient-dense diet is beneficial to the heart and the entire body.

"In my role at the MGH, I meet with people from all backgrounds," says Krivitsky. "I think the most important thing is to listen, form a partnership and map out keys to heart health success."

For more information about the MGH Cardiovascular Disease Prevention Center visit *www.massgeneral.org/heartcenter.*

MedFlight names new CEO

FOLLOWING AN extensive nationwide search, the Boston MedFlight Board of Trustees announced it has selected an internal candidate as the new CEO to lead the organization, which provides critical care medical transport by air and ground. Maura Hughes, CPA, MBA, joined the nonprofit organization in 1998, served as chief financial officer since 2002 and as interim CEO since 2016.

"I am honored to be selected as Boston MedFlight's CEO," Hughes said. "As a nonprofit, our mission is to care for the region's most critically ill and injured patients where and when they need us. I look forward to continuing this important mission with our health care partners, including Massachusetts General Hospital."

Hughes is an executive with more than 25 years experience in nonprofit and health care industries. She is a graduate of Merrimack College with a degree in accounting and also has a master's degree in finance from Bentley University. Hughes is a nationally recognized expert on critical care transport consortium models and critical care transport billing, and is sought after by other air medical services considering creation of transport consortiums and advice on transport billing and operations.

"Maura is uniquely qualified to lead the organization, given her depth of experience, expertise, long tenure and distinguished leadership at Boston MedFlight," says Ann Prestipino, senior vice president, Surgery, Anesthesia, Emergency Medicine and Clinical Business Development at the MGH, and chair of the Boston Medflight Board of Trustees. "As a nonprofit organization, founded by and partnering with a consortium of Boston's leading academic medical centers, Boston MedFlight's model is distinct as well as complex. Boston MedFlight serves an essential role in the health care continuum, caring for the region's sickest patients who require expert and efficient medical transport, and we are fortunate to have a leader as capable as Maura Hughes." ■

FROM THE ARCHIVES

The following was printed in the MGH HotLine on Feb. 6, 1975.

It's a letter ... It's a telegram ... It's Superpost!

FASTER THAN most mail, more flexible than telegrams, cheaper than long-distance phone calls is the hospital's newest TELEPOST service.

The machine wires your "mailgram" to the post office nearest the address indicated. If it is sent by 4 pm of any day, the message is guaranteed delivery by the U.S. postman in the first round of the next day.

The cost per mailgram is $2.00, no matter where it goes in the United States. You are allowed up to 600 characters and spaces (about 100 words, capitalized). For an additional 50 cents you can have confirmation copy by mail the next day, and for 10 cents a copy at the end of the billing month.

For out-of-country transmission, the cost is 15 cents per word, with a minimum charge for 23 words ($3.45).

Unless you can telephone after 5 pm, or limit the call to a few minutes, it is probably less expensive to send a mailgram. For example, to call Chicago station-to-station between 9 am and 5 pm costs $1.15 for the first three minutes and 35 cents each additional minute. You can talk only five minutes before your call exceeds the cost of a mailgram.

MASSACHUSETTS GENERAL HOSPITAL

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02.17.17

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Happy Valentine's Day
PROUD OF THE USA
If I could make it rain, I would shower you with Love + blessings

To a veteran: Letters filled with love

"IF I COULD *make it rain, I would shower you with love & blessings!"*

This was the message from one of the 525 Valentine's Day cards created at the second annual Valentines for Veterans event Feb. 2, hosted by the MGH Military Veterans Partners (MVP). Supplied with colorful paper, patriotic stickers, heart stamps and messages of love, 76 MGHers handcrafted cards during the arts and crafts evening at Harvard Gardens restaurant.

"There was a tremendous turnout of MGH employees who came together to make valentines and to remind our veterans that they are thought of every day, underscoring our commitment to veterans causes," says Angela Wynder, RN, BSN, ACM, of MGH Case Management and co-founder and president of the MVP, pictured above-center with, from left, Rose Santosuosso, Case Management; Joe Scanlon, Buildings and Grounds; Blaze Montelo, Police, Security and Outside Services; and Brian Silvia, Buildings and Grounds.

In addition to the 525 valentines created at the event, the MVP also received 150 extra valentines donated from employees, families and community schools. All of the valentines will be distributed to veteran patients at the MGH and at local area VA hospitals.

Annually, the week of February 14 represents a national effort to recognize and thank the men and women of the armed services for their service through activities such as the distribution of valentines.

The MVP welcomes any MGH employee, both veterans and non-veterans. To learn more email *MGHVETpartners@partners.org.* ■

The Palliative Care Division celebrates two decades at the MGH

AS THE MGH celebrates the 20th anniversary of Palliative Care, Vicki Jackson, MD, chief of the Palliative Care and Geriatric Medicine Division, talks about the emotion of this milestone, the excitement of embarking on the division's future projects and the challenges the unit has overcome.

HOW DOES IT FEEL TO CELEBRATE 20 YEARS OF PALLIATIVE CARE AT THE MGH?

It is very exciting! I'm very grateful that we have been able to, with the support of our colleagues and the institution, grow this service so tremendously in the last 20 years.

WHAT COMES TO MIND WHEN YOU REALIZE THE UNIT HAS EXISTED FOR 20 YEARS?

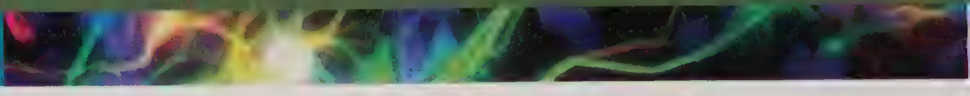
It is really encouraging, and I have great anticipation of what the next 20 years will look like. We have had the gift of being so well integrated into the institution that now I'm really excited about what the next opportunities are. I don't even think we could have envisioned this growth 20 years ago.

(Continued on page 4)

JACKSON

02.17.17

Research*Roundup*



RESEARCH at the MGH is interwoven throughout more than 30 departments, centers and units, and is conducted with the support and guidance of the MGH Research Institute. The Research Roundup is a monthly series highlighting studies, news and events.

GENETIC STUDY IDENTIFIES LINK BETWEEN BODY SHAPE AND RISK OF HEART DISEASE AND DIABETES

When you put on weight, do the pounds show up at your waistline or on your hips? The answer could have long-term implications for your risk of developing coronary heart disease (CHD) and Type 2 diabetes.

A recent study by MGH researchers found that individuals who have a genetic disposition for storing fat deposits primarily at their waistline (known as abdominal adiposity) were at a higher risk of developing both diabetes and CHD when compared to individuals who store fat primarily in their hips and thighs.

The large-scale study analyzed the genetic information from more than 400,000 individuals from the UK Biobank project. Body type was calculated using 48 gene variants associated with waist-to-hip ratio, and adjusted for body mass index.

The team not only found that individuals who stored fat primarily at the waist had an increased risk of developing both conditions, but also were able to confirm that this risk was independent of lifestyle-related risk factors such as poor diet, lack of exercise and smoking.

The results of the study should encourage doctors to account for body type when assessing a patient's risk for developing these conditions, and could spur the development of new drugs that could lower that risk by altering the body's fat distribution pathways.

Connor Edmin, DPhil, of the Center for Genomic Medicine and the Cardiology Division is lead author of the study and Sekar Kathiresan, MD, director of the Center for Genomic Medicine, is senior author.

A NEW STRATEGY FOR ASSESSING SLEEP APNEA RISK IN INDIVIDUALS WITH DOWN SYNDROME

Investigators at the MassGeneral Hospital for Children have developed a promising new method for assessing the risk of obstructive sleep apnea (OSA) in children with Down syndrome.

The new method, which employs information that can be gathered during a visit to a primary care physician, could help to reduce the need for overnight sleep studies, which can be expensive and difficult for children and their families.

OSA occurs when the airway becomes restricted or blocked during sleep, causing breathing to become shallow or temporarily stop. In addition to interrupting sleep, OSA lowers oxygen levels in the blood and can impair cardiac, metabolic and cognitive functioning.

It is estimated that close to half of individuals with Down syndrome have OSA due to alterations in their craniofacial features that result from the syndrome. The American Academy of Pediatrics recommends that all children with Down syndrome undergo an overnight sleep study to screen for OSA starting at age 4.

The sleep studies are effective in measuring OSA risk, but they can be expensive and difficult to access in certain areas of the U.S. The studies can also be a challenging experience for individuals with Down syndrome, particularly young children.

The new method, which was developed by a research team led by Brian Skotko, MD, MPP, uses a variety of factors – including the physical characteristics and vital signs of the participants plus information provided by parents on a questionnaire – to predict the risk of OSA.

In a study of 102 children with Down syndrome, the team's new method was able to accurately predict the risk of moderate to severe OSA in 90 percent of those who were diagnosed with the condition following an overnight sleep study.

The team is now working to confirm those results in a follow-up study. ■

Some of science's toughest questions, answered

WHO IS MORE resilient to trauma, women or men? How does hand-eye dominance affect basketball free throw shooting percentages? Can listening to certain types of music help with memory?

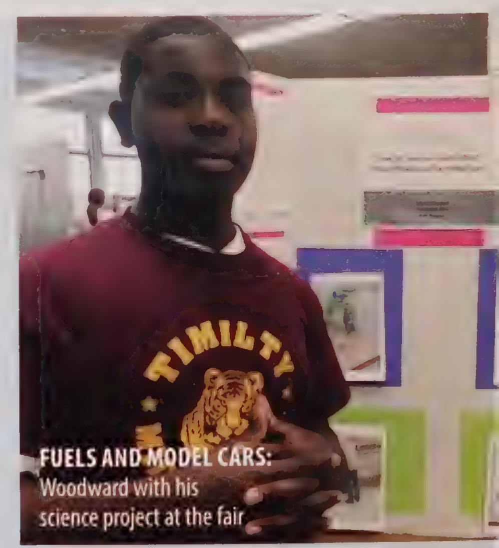
These were just some of the questions that seventh- and eighth-graders from the James P. Timilty Middle School in Boston sought to investigate at the recent MGH/Timilty Science Fair. The partnership – which brings together MGH volunteer mentors with Timilty Middle School students – is now in its 27th year.

During the past four months, 46 students met weekly with their mentors, came up with interesting topics, learned more about the scientific method and had the opportunity to bond with professionals from a variety of disciplines and departments throughout the hospital.

Some students developed projects that related to their specific interests. Jayden Aponto, who looked at hand-eye dominance and basketball free throws, said, "My mentors really helped me. They asked me what I liked, and we talked about what I was really interested in. Then, we came up with a list of topics."

Others said they learned important skills that will serve them well in the future. Paula Villaruel said her mentor assisted with time management and helped her to stay on track.

First-time mentor Stefania Khoda, a research assistant in the Harvard/MGH Center of Genomics, Vulnerable Populations and Health Disparities, said she will be back next year, hopefully paired with the same student. "We were both first timers and we are really looking forward to working together next year. I learned more from my student than I could ever have taught her. It was an absolutely wonderful experience."



FUELS AND MODEL CARS: Woodward with his science project at the fair

Not every project went off without a hitch. Trent Woodward, whose project centered on fuels and model cars, found that his structure was not strong enough to support his project. "It was a lot of work. It was trial and error. The fact that I put so much hard work into it was kind of disappointing." But, he was quick to add, "I'll keep trying."

Twelve MGH Timilty Science Fair students were chosen to go on to the Citywide Science Fair in early March.

For more information about MGH Youth Programs, contact *mjmmcgovern@mgh.harvard.edu* or 617-724-3210.

Marathon miles for mom

RUNNING INSPIRATION: Helen and her mom Susan run.

BOSTON MARATHON runner Helen van Riel wants to support the medical professionals who kept her "favorite person in the world" alive and healthy.

That's why the 27-year-old high school biology teacher is participating in this year's event as a member of the MGH Emergency Response Marathon Team. Helen's favorite person is her mother, Susan van Riel, who twice received specialized care from the hospital, including emergency room treatment after suffering severe complications from chemotherapy.

"I knew Mass General had a marathon team and I wanted to say 'thank you' to them," Helen says. "Mass General made sure my family's favorite person was well. When I got a spot on the team, I burst into tears. It all came back: all the things Mass General has done to make sure our family is thriving and doing well."

Susan now lives in Hamilton Parish, Bermuda, with her husband, Boy van Riel, whom she met in Bermuda in the 1980s. They eventually moved to Canton, Mass., where they raised Helen and their other daughter, Grace, before returning to live and work in Bermuda three years ago.

Helen was in middle school in 2002 when Susan needed a double valve replacement to mend a heart murmur that developed after she had rheumatic fever as a child. Helen had heard stories about her mother's childhood illness, but seeing her stay at the MGH while recuperating from a significant surgery had terrified her and she hoped she could soon forget about hospitals. Susan recovered and the van Riels resumed life.

In 2013, Susan was diagnosed with chronic lymphocytic leukemia (CLL), a cancer of the blood and bone marrow. Most early-stage CLL patients don't receive treatment and instead are closely monitored so they can avoid the side effects of chemotherapy and drug therapy. But only six months after the diagnosis, Susan needed chemotherapy.

In June 2013, Susan became seriously ill from complications that included sepsis, which is caused when the immune system is weakened by cancer treatment.

"She needed to be kept away from other patients," Helen recalls. "There was something wrong with her immune system; you could tell it was complicated. I didn't know until then there was an acute ICU at Mass General. She needed a high level of help that night, and they had the space to escalate her treatment."

But Helen knew her mother was in good hands after watching doctors from the ER, ICU, Cardiology and Infectious Diseases divisions work in close harmony to improve Susan's health. She was also delighted to see Igor Palacios, MD, a cardiologist who had previously treated Susan after her heart surgery, return 11 years later to check her medical charts.

"I was blown away because he wasn't on her case," Helen says. "That gave my dad and us peace of mind."

It's been three years since Susan was discharged from the MGH after her battles with chemotherapy complications. She is now taking oral chemotherapy with few complications.

Helen didn't think twice about giving back to the MGH. She says she "can't put into words" the gratitude she and her family have for the hospital. ■

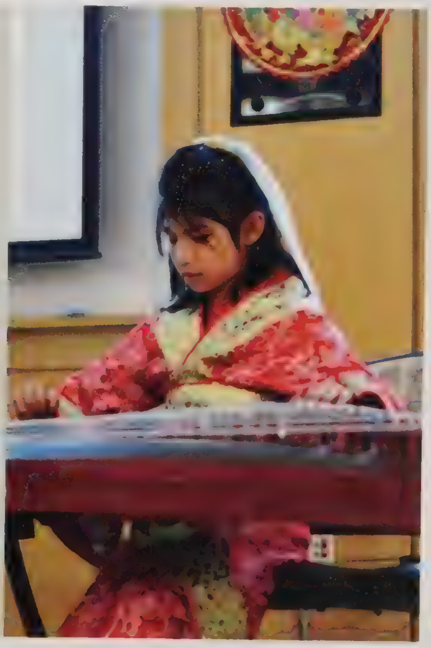
This story is part of a series that MGH Hotline will publish in advance of the 2017 marathon featuring the Pediatric Oncology and Emergency Response Teams. In addition, individuals will run for the Miles for Mass General Program, which raises funds for hospital programs that are close to their hearts – including Botswana Oncology Global Outreach, Caring for a Cure, Cystic Fibrosis, Down Syndrome and the Lurie Center for Autism.

The Year of the Rooster

ON FEB. 10, the MGH Chinese Scientists and Staff Association hosted its annual Lunar New Year celebration. More than 250 people from the MGH community gathered in the Simches Building to enjoy a festive dinner and a variety of entertainment to welcome the Year of the Rooster. In Chinese culture, the rooster means the end of the darkness and the beginning of a brilliant new day. More than 15 performers from the MGH family and the greater Boston area shared traditional Chinese music, dance and entertainment with the audience.

"It was a festive event with lots of families, friends and entertainment from MGHers and local community members," says Ji Wang, research fellow in the Wellman Center for Photomedicine. "A good time was had by all celebrating the Year of the Rooster."

Zhiyu Yan, research fellow in the Cutaneous Biology Research Center, is pictured left playing the Erhu, a traditional Chinese instrument that he has played for 15 years. Jieling Pan, pictured right, plays the Guzheng – also known as the Chinese zither – a Chinese plucked string instrument.



— Palliative Care anniversary

(Continued from page 1)

WHAT ARE SOME MAJOR ACCOMPLISHMENTS THE UNIT HAS ACHIEVED OVER THE LAST TWO DECADES?

Our program has grown to one of the largest and most robust programs in the country. We have three different clinical services lines; inpatient consultation, outpatient palliative care clinic and home-based palliative care delivered in the community. We have pioneered the development of an outpatient palliative care practice that is deeply integrated into the care of patients with cancer. Our research with Jennifer Temel, MD, clinical director of Thoracic Oncology and director of the Cancer Outcome Research Program in the Cancer Center, has shown that patients with metastatic lung cancer who receive early integrated palliative care have improved quality of life, a decreased rate of depression and a prolonged survival. In research spearheaded by Areej El-Jawahri, MD, director of the Bone Marrow Transplant Survivorship Program, we have expanded our work in oncology to patients with leukemia undergoing bone marrow transplant. Patients undergoing bone marrow transplantation who have palliative care have improved quality of life and symptom control, a lower rate of depression, fewer post traumatic symptoms, and their family caregivers have improved outcomes as well.

WHAT CHALLENGES HAS THE UNIT OVERCOME?

One of the biggest challenges is the workforce shortage in palliative care, and we've worked hard to build a large fellowship program for both nurse practitioners and physicians to meet that need. Nationally, there's a very high rate of burnout in palliative care clinicians and we've worked hard to build a resiliency training program to help meet the needs of our clinicians, and also think about novel ways to improve the clinical delivery models that meet patient needs and support our faculty.

WHAT DOES THE FUTURE OF PALLIATIVE CARE AT MGH LOOK LIKE? ANYTHING NEW IN THE PIPELINE?

In 2015, Peter Slavin, MD, MGH president, convened a task force charged with developing a comprehensive strategy to care for seriously ill patients at the MGH. The task force began a nine-month strategic planning effort from which the Palliative Care Continuum Project was born with the mission is to help patients and families live well through palliative care, when and where they need it.

We have just begun the roll out of this program working with clinicians in primary care, hospital medicine, neurology, pediatrics and the emergency department. Palliative care scholars will be trained to serve as local palliative care experts, as we work to improve the care of seriously ill patients through a comprehensive advanced care planning strategy, patient and clinician education and engagement. This is something we are very excited about.

WHERE DO YOU HOPE THE UNIT WILL BE IN 20 MORE YEARS?

I hope that in 20 years the division will be seen as a national leader in primary palliative care education as well as having expanded our research in oncology and other areas such as cardiology and neurology. I am so incredibly grateful to be at an institution where clinicians are focused on helping patients with serious illnesses live well.

CHANGE IN *HOTLINE* SCHEDULE

MGH Hotline will not publish Feb. 24 due to the Presidents Day holiday. The regular publication schedule will resume March 3.

Heart Month happenings
MGH Goes Red

A LOT OF HEART: A little snow didn't stop people from getting into the Heart Month spirit on Feb. 10. Nurses like Kathleen Gallen, RN, below-right, of the MGH Heart Center, doled out tips and advice from the White Lobby, while volunteers, including Isabelle Loring and Maria Caprio, above, and other passersby dressed up for pictures. Heart Month happenings continue with talks from cardiologists in the MGH Blum Center on Feb. 24 and Feb. 27, both at noon.

MILLER

Annual Leffert lecture

ON DEC. 7 the Division of Palliative Care's 20th anniversary celebration culminated with the sixth annual Robert Leffert, MD, Memorial Lecture, featuring B.J. Miller, MD, assistant professor of Clinical Medicine, University of California, San Francisco, and a widely respected leader in the field of palliative care. Miller's talk, "Palliative Care: Not Whether But How?" focused on living well in the face of serious illness.

This annual lecture honors Leffert, who served as chief of the MGH Department of Rehabilitation Medicine and the MGH Surgical Upper Extremity Rehabilitation Unit. It is made possible by the donation of Leffert's daughter, Lisa Leffert, MD, chief of Obstetric Anesthesia, and her husband, Lee Schwamm, MD, Stroke Services division chief and executive vice chair of the Neurology Department. ■

MASSACHUSETTS GENERAL HOSPITAL

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MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

TAKING A BOW:
Bordeianou and Warshaw

Bowditch Prize honors what it takes

SURGEON LILIANA BORDEIANOU, MD, of the Division of Gastrointestinal and General Surgery, is described as having tenacity and vision, perseverance and determination in the face of many challenges. Her work in creating Enhanced Recovery After Surgery (ERAS) protocols – for which she received two Bowditch Prize nominations – earned her this year's prestigious honor.

"We have such a strong tradition at the MGH of surgeons being innovative," said Thomas J. Lynch, Jr., MD, MGPO chairman and CEO at the Feb. 24 luncheon celebration. "These kinds of breakthroughs make an enormous difference in what we do every day at the MGH."

The prize – named for Nathaniel Bowditch, who helped raise funds for the construction of the MGH in the early 1800s – recognizes employees' contributions to enhance the delivery of quality patient care while also reducing the cost of that care. It was established in 2000 by Andrew Warshaw, MD, former MGH surgeon-in-chief and chairman of the Bowditch Prize Selection Committee.

Bordeianou's ERAS protocols have led to a more streamlined patient recovery with fewer complications, decreased wound infection rate (1.1 percent versus 6 percent) and a full day shorter length of stay.

(Continued on page 3)

Lymphedema: Spreading awareness and education

HOLLEY

IN 1984, Catherine (Cathy) Holley, RN, operating room nurse on the Surgical Oncology/Trauma team, began to experience pain and swelling in her leg that never seemed to go away. It wasn't until the early 1990s that Holley was finally diagnosed with secondary lymphedema, a result of a surgery she had before the swelling began. She quietly lived with and managed the condition in private until a couple of years ago when she was caring for a patient who also had lymphedema. Holley realized she could use her voice, vast medical knowledge and personal experience to become an advocate for lymphedema education and awareness.

"Many people don't know much about lymphedema and that is one of the biggest problems – we need more awareness and education," says Holley. "More than 10 million people in the U.S. have lymphedema – more than multiple sclerosis, muscular dystrophy, amyotrophic lateral sclerosis (ALS), Parkinson's disease and AIDS combined. This is something I am very passionateabout and am trying to make a difference here at MGH, as well as in the Boston community."

Holley now speaks at conferences, educates clinicians and patients at the MGH and co-chairs the newly created Massachusetts Chapter of the Lymphatic

(Continued on page 4)

03.03.17

Outpatient Pharmacy opens new service window

THIS WEEK, the MGH Outpatient Pharmacy, on the first floor of the Wang Building, unveiled a new pick-up and drop-off window for clinicians. Located behind the Outpatient Pharmacy and across from the MGH Urgent Care Clinic on the left, the new window enables MGH staff to pick up medications or drop off prescriptions for patients unable to wait in the line at the front of the Pharmacy.

"Improving our efficiency for both patients and clinicians cuts to the heart of our commitment to excellence," says Karen Ryle, RPh, MS, director, Outpatient Pharmacy Services. "Approximately 250 patients pick up their prescriptions daily at the front window, so this new window furthers our ability to get prescriptions filled while reducing lines and wait times."

The new window is the latest in a string of enhancements the Outpatient Pharmacy has implemented to increase workflows, service and satisfaction. These innovations include:

- Implementation of a "Script-Pro" robot assisting pharmacists to improve safety by dispensing medications more efficiently;
- The "Time My Meds" program synchronizes and schedules a patient's refills so they can get them at the same time, avoiding multiple trips to the Pharmacy;
- The "Pick-Point" will-call system that illuminates a patient's prescription at the time of pick up, enabling a faster and easier way for technicians to identify a patient's order, reducing time spent searching hundreds of prepared prescriptions;
- A voice response system, which calls a patient when their medication is ready to be picked up and when a medication is due for refill;
- A private patient counseling room for pharmacists to review a patient's medications and administer the shingles vaccine.

The new window is available and staffed by a member of the Pharmacy team Monday through Friday, 9 am-5:30 pm. ■

MGH OUTPATIENT PHARMACY – BY THE NUMBERS

1998: Year the outpatient pharmacy opened

600: Number of prescriptions filled daily

156,000: Amount of prescriptions filled yearly

70,000: Number of patient visits to the outpatient pharmacy each year

9, 11, 3: Numbers of pharmacists, technicians and interns, respectively

2,000: Number of medications in stock

23 minutes: Average wait time for a prescription to be filled

50 pounds: Amount of unused or expired medications the Outpatient Pharmacy collects every week for destruction from the Medsafe box, located outside the pharmacy

7/7,500: The Outpatient Pharmacy has delivered more than 7,500 prescriptions to seven floors for the "Meds to Beds" program since its inception.

Putting an end to phishing

HAVE YOU EVER received an email from Partners IT or Human Resources that seemed to be too good to be true? Maybe it was about a laptop giveaway or a bump in your paycheck. Watch out – these types of emails are phishing attempts. In today's world, a "phish" can appear as a legitimate communication from a trusted source, like Partners. It is everyone's job to stay alert when looking through the hundreds of emails that we receive every day. We all have the potential to be targeted; no one is immune to a phishing attack.

HOW CAN I PROTECT MYSELF?

- Limit the amount of personal information you provide on the internet.
- Use extra caution on mobile devices, as it may be harder to spot discrepancies.
- Do not respond to requests for personal or financial information through email.
- Use different passwords for personal and business accounts.
- Use a second method of contact to verify requests made over email.

When in doubt, do not click or open the email. If you believe you've received a phishing email, do not open the message. Please highlight the suspicious message in your Inbox. From the top tool bar in Outlook, select "Actions" then "Forward as Attachment." Send the message to *nospam@partners.org.*

How To Spot A PHISH

What is Phishing? A technique used to fraudulently obtain usernames, passwords, credit card numbers and other sensitive information.

Fraudulent emails typically ask you to:

- Open an attachment or,
- Click on a link, redirecting you to a malicious website.
- You may be prompted to enter personal information.

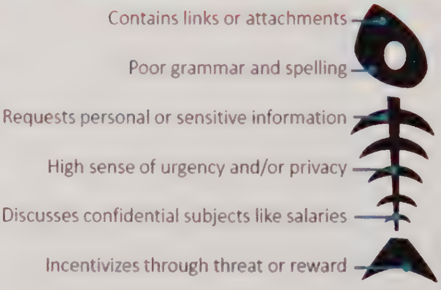
Types of Phishing Attacks

Spear Phishing: A highly targeted form of phishing that hones in on a specific group of individuals or organization.

Whaling: A form of phishing targeted at executive-level individuals.

Cloning: Whereby a legitimate email is duplicated but the content is replaced with malicious links or attachments.

Anatomy of a Phishing Email


Contains links or attachments
Poor grammar and spelling
Requests personal or sensitive information
High sense of urgency and/or privacy
Discusses confidential subjects like salaries
Incentivizes through threat or reward

PARTNERS

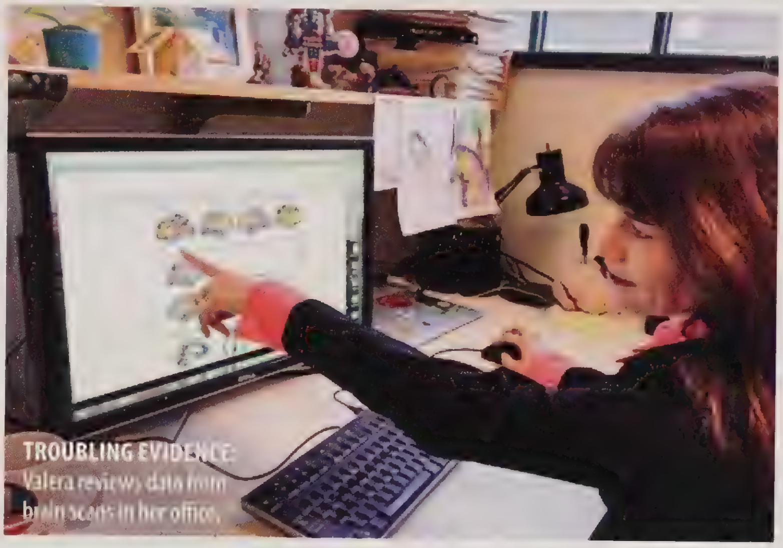
KEEP IT SAFE AND SECURE

Helping the hidden victims of traumatic brain injury

WHAT COMES TO MIND when you think of someone who has suffered a traumatic brain injury (TBI)?

An athlete who plays a contact sport such as football or hockey? Someone who has served in the military? The victim of a car accident?

While these are likely candidates for TBIs, one MGH researcher has identified an often-overlooked segment of the population frequently suffering repeated TBIs – women who have experienced intimate partner violence (IPV).



TROUBLING EVIDENCE: Valera reviews data from brain scans in her office.

Eve Valera, PhD, an investigator at the Martinos Center for Biomedical Imaging, along with Aaron Kucyi, PhD, now at Stanford University, recently completed the first study to use neuroimaging to examine the effect of TBIs on the brains of women who have been in abusive relationships.

What they found may be cause for a global public health concern.

In a study of 20 women from the Boston area who experienced IPV, Valera found the severity of TBIs the women sustained was associated with a reduction in the interaction between two areas of the brain that play a key role in everyday functioning. The less interaction there was between these two regions, the more poorly the women performed on tasks of memory and learning.

The results of Valera's study suggest as the severity and number of TBIs increase, the brain may have more difficulty switching between the Default Mode Network – which manages the brain when we are not focused on the outside world (such as during deep thought, daydreaming and memory recall) – and the Salience Network – which supports more active task-specific functioning (i.e., paying attention, remembering a list).

While the patterns of diminished network interaction observed in Valera's study are consistent with those of other TBI victims, there are significant differences in the way the women sustain their injuries.

The incidents of repeated violence detailed by Valera's study participants are brutal and difficult to comprehend. Some of the women reported being punched, dragged, beaten or strangled as often as three to four times a week, being slammed into walls or floors, being thrown down stairs, hit with a bat or strangled into unconsciousness. In some cases, this pattern of abuse had lasted for years.

"Once people realize the type and frequency of abuse these women experience, it is easier to understand why they sustain frequent TBIs," Valera says.

Since the abusive incidents are frequently repeated, the women often don't have time to recover from one TBI before sustaining another.

"So the potential effects are compounded," Valera explains. "To understand the potential consequences, some people might think we can just extrapolate from other patient populations – but we can't. The njuries just aren't comparable."

Valera hopes the results of her study will increase awareness of the potential for TBIs in women who have suffered from partner violence, o police and paramedics will know to check for these injuries when responding to a violent incident.

This awareness could also give counselors and advocates a better understanding of how TBIs can impair the efforts of women to seek help or leave an abusive relationship.

"Think of somebody who has just sustained a TBI as the result of domestic violence and you are telling them what to do: 'Go to court, get an order of protection, and then do this and that,'" Valera explained. "You would never do that to a regular TBI patients, because you wouldn't expect them to immediately take all that in."

When the women don't respond to guidance from police or counselors following IPV, it can result in misplaced assumptions and victim-blaming, Valera explains. "The reality is they are struggling to manage a complex and often dangerous situation with a possible brain injury that no one is acknowledging. These difficulties only get worse with multiple TBIs."

Valera also notes her research was conducted in the United States, which is generally considered a "safe" country for women. There are other regions of the world where domestic violence is far more common and even culturally sanctioned. "So this is just the tip of the iceberg here. The number of women sustaining unrecognized and unacknowledged TBIs is likely staggering when considering the global population of victims of IPV."

While the stories of IPV survivors can be grim, and funding for this research has been difficult to secure thus far, Valera is committed to continuing her work.

"It puts things in perspective," Valera says. "If you're having a bad day, well, it's not that bad. And it makes me want to fight even harder for change." ■

— Bowditch Prize

(Continued from page 1)

"She put in countless hours educating and convincing caregivers from all disciplines including Surgery, Anesthesia, Nursing, Pharmacy and Peri-Op Services," wrote David Rattner, MD, chief of the Division of Gastrointestinal and General Surgery, in his nomination letter. "In spite of multiple obstacles of why this couldn't be accomplished, she persevered in establishing ERAS as the default clinical pathway for colorectal surgery."

In fact, Partners HealthCare took note of these significant outcomes and adopted ERAS as the foundation for the PHS colorectal collaborative. The work also has led to the creation of a standardized pre-surgery kit with all medications and bowel prep material to ensure patient compliance with the protocol and better outcomes after colon surgery.

"It is a great honor to receive this," said Bordeianou. "It really was a team effort in part of the nurses, surgeons, anesthetists and so many others. Thank you to this amazing team." ■

Patient inspires PCA to run her first marathon

A PETITION was started on ordinary loose-leaf paper, numbered 1-200. An MGH patient was on a mission to fill those spaces with enough signatures imploring Elizabeth Duquette, a personal care attendant (PCA) on Ellison 18, to run the 2017 Boston Marathon.

A few days later, however, Duquette learned the patient had passed away before he could collect all of the signatures. To honor her patient and other children living with cancer, Duquette is running as part of the *Fighting for Kids' Cancer ... One Step at a Time* team at MassGeneral Hospital for Children (MGHfC) in this year's Boston Marathon. The team was founded in 1998 by Howard Weinstein, MD, chief of Pediatric Hematology and Oncology at MGHfC, to raise essential funds for pediatric cancer treatment and research.

"When he asked me about running the marathon, I said, 'A marathon? I don't think I can do that.' Twenty-six-point-two miles was never in the plans," says Duquette. "The first time I went back to Ellison 18 after he passed away, I was walking through the halls and I had this realization that I really did want to run the marathon. I signed up that same day and got my bib number shortly after."

Duquette, who says she previously was strictly a recreational runner, started training last spring when she became a PCA at the MGH. "I'm up to 14 miles now, so I'm focusing on building up my endurance," she says. "What I'll be thinking about on race day is crossing that finish line, knowing that my efforts help support pediatric cancer care at the hospital."

When her patient started to collect signatures, Duquette remembers his motivation and joy in encouraging everyone to fill his petition. "What I'll always remember about him is how infectious he was," says Duquette. "His personality, his smile, his laugh. He was such a bubbly, bright human being."

That infectious energy is something Duquette has taken to heart – and will take to the marathon route. "What I've learned from my patient and from training is, if you're able to do something, you should," she says. "Life is too precious and every mile is incredible."

This story is part of a series that MGH Hotline will publish in advance of the 2017 marathon featuring the Pediatric Oncology and Emergency Response Teams. In addition, individuals will run for the Miles for Mass General Program, which raises funds for hospital programs that are close to their hearts – including Botswana Oncology Global Outreach, Caring for a Cure, Cystic Fibrosis, Down Syndrome and the Lurie Center for Autism. ■

— Lymphedema

(Continued from page 1)

Education & Research Network. In recognition of March as Lymphedema Awareness Month, Holley shared some important information with *MGH Hotline* to continue her quest to educate the public.

WHAT IS LYMPHEDEMA? HOW IS IT CAUSED?

Lymphedema is a swelling that occurs due to injury or impairment of the lymphatic system. It can be caused by anything that disrupts the flow of lymph fluid through the vessels or the nodes, causing fluid build-up. There are two types of lymphedema:

Primary lymphedema you can be born with or can develop during adolescence, and is caused by developmental abnormalities of the lymphatic system.

Secondary lymphedema occurs from the inability of the lymphatic system to perform one of its basic functions: the removal of water, protein and waste from the tissues throughout the body. Secondary lymphedema can be a result of any trauma to the body – any surgery, an infection, burns, radiation and cancer, even a mosquito bite. More than half of lymphedema cases are cancer-related, with the highest incidence (more than 500,000 cases in the U.S.) stemming from breast cancer with axillary lymph node dissection.

It is difficult to predict who will develop the condition, but you can get it wherever there are lymph nodes that may be injured. No body part is immune. It can occur immediately, but may also occur years after a major surgery or trauma.

WHAT ARE THE SYMPTOMS?

Early symptoms can include feelings of heaviness, tightness or fullness, usually in an arm or leg. There can be a dull ache and swelling. If your clothes or jewelry aren't fitting, this can be a sign of swelling.

The primary thing to remember if you have had surgery, experienced trauma to an area, had any sort of disturbance to your body or if you think there is a problem, reach out to your surgeon or primary care physician. Find a certified lymphedema therapist – the MGH has them – for an evaluation.

Lymphedema is often overlooked, underdiagnosed and untreated; we all have to be advocates for ourselves. We know how we feel and can identify subtle changes that may occur.

CAN LYMPHEDEMA BE TREATED?

There is no cure, but it can be managed. The biggest hurdle is accurate diagnosis. Once diagnosed, the key to treatment is early intervention and managing swelling. The earlier you identify it, the less chance that it will progress.

Work with your primary care physician or certified lymphedema therapist for a specific management plan.

UPCOMING LYMPHEDEMA AWARENESS MONTH EVENTS

I want to educate health care providers and patients about the importance of early diagnosis and prevention so others can learn how to manage and live with this lifelong disease. Lymphedema is 24/7, and if we don't control it, it will control us. It is all about prevention of progression.

- **March 6, 9 am – 2 pm:**
  Information table by Coffee Central in recognition of World Lymphedema Day
- **March 15, noon – 1 pm:**
  Luncheon lecture in the Blum Center, *Understanding Lymphedema*, by Holley.

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03.17.17

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

The many faces of patient safety

FROM ENVIRONMENTAL SERVICES to Police and Security, from the Endoscopy Unit, to Anesthesia, Critical Care and Pain Medicine to the Emergency Department, patient safety comes in many forms, from many departments. Physicians, nurses, residents, administrative staff and technicians are among those who play a part in patient safety, and who were honored and celebrated as 2017 Patient Safety Stars at an appreciation breakfast March 15.

Forty-three MGHers from more than 20 departments were recognized at the eighth annual event for their commitment to patient safety within the hospital. Nominated by their peers, the Patient Safety Stars demonstrate extraordinary dedication and efforts to improve and enhance patient safety at the MGH. Their commitment stretches beyond the walls of the hospital – speaking up for safety not only on the floors of the Ellison, Blake and White buildings, but at Danvers Ambulatory Care, Back Bay HealthCenter and the Charlestown Navy Yard.

"Our patient safety stories continue each and every day throughout the year," said Jana B. Deen, RN, JD, senior director of Patient Safety in the Center for Quality and Safety. "Never hesitate to share those stories and stand up for patient safety as our 2017 stars have done. Congratulations and thank you to all."

The celebration of the Patient Safety Stars was part of Patient Safety Awareness Week, March 12-18. Lectures and panel presentations were hosted throughout the week, focusing on various ways to recognize and improve patient safety. Among the events were two presentations by keynote speaker James P. Bagian, MD, PE, directory of the Center for Healthcare Engineering and Patient Safety at the University of Michigan, on March 14.

(Continued on page 4)

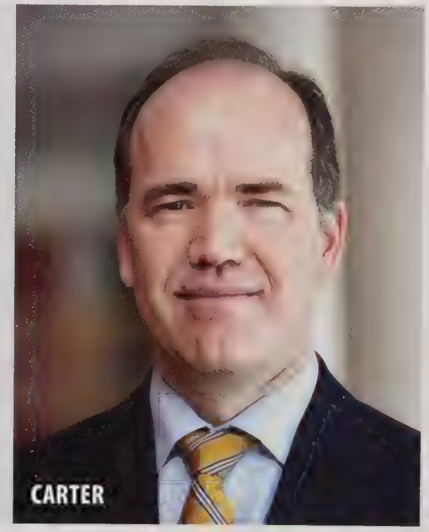
New Neurosurgery chief not-so-new to MGH

THE MGH DEPARTMENT OF NEUROSURGERY has welcomed its new chief. Bob Carter, MD, returned to the MGH Feb. 1 after spending the past seven years as chair and chief of the Neurosurgery Service at the University of California, San Diego.

"I'm very excited," says Carter. "There's a combination of both an excitement about what lies ahead in terms of where we want the department to go, but there's also a familiarity as I walk these halls that's not only comforting, but also reminiscent of all the great things that MGH stands for."

Carter spent the last several years of his career on the West Coast where he led the formation of the hospital's first Department of Neurosurgery and co-founded the UC San Diego NeuroInstitute. Earlier in his career – after earning his medical degree from the Johns Hopkins School of Medicine and his doctorate in genetic epidemiology from the Johns Hopkins Bloomberg School of Public Health in 1992 – Carter was a surgical intern at the MGH. Following his internship, he became a resident in Neurosurgery.

(Continued on page 4)



CARTER

Research*Roundup*

RESEARCH at the MGH is interwoven throughout more than 30 departments, centers and units, and is conducted with the support and guidance of the MGH Research Institute. The Research Roundup is a monthly series highlighting studies, news and events.

USING SMARTPHONES TO MEASURE PARKINSON'S DISEASE SYMPTOMS

Mobile technology has impacted nearly every aspect of our lives, including how we manage our health. A recently launched substudy from researchers at the MGH will look into utilizing patient-owned smartphones to measure symptoms of Parkinson's disease. Results will help researchers better understand the feasibility and accuracy of using mobile technology as a data collection tool in clinical trials.

Participants in this substudy will use an app to answer symptom surveys and complete activity tests that utilize the sensors in the phone to assess performance in movements that are affected by Parkinson's. Results from participants' weekly at-home self-assessments will be compared to assessments taken in-clinic during regular study visits to determine whether results are consistent and if the smartphone results provide any additional insights.

This substudy is part of a larger NIH-funded Parkinson's disease clinical trial. Researchers are optimistic that mobile technology will transform clinical trials and provide an opportunity to track participant progress more frequently than is possible with in-clinic evaluations.

Michael Schwarzschild, MD, PhD, of the MGH Department of Neurology, is the study's lead investigator.

ACUPUNCTURE MEASURABLY IMPROVES OUTCOMES OF CARPAL TUNNEL SYNDROME

A new study shows that acupuncture treatments not only reduce patient-reported experiences of pain in carpal tunnel syndrome (CTS), but this ancient therapy also makes a measurable difference in how the brain processes nerve signals that are compromised by the painful repetitive motion disorder.

CTS is one of the few chronic pain disorders associated with objective measurable changes. Because CTS is a result of compression of the median nerve in the arm, impulses between the wrist and the forearm – such as motor function and sensation – are slowed down. Additionally, studies have shown that the brain – particularly the part that receives touch-related signals – is remapped in CTS. Specifically, brain cells that usually respond to touch signals from individual fingers start to respond to signals from multiple fingers.

Study participants received either electro-acupuncture at the affected hand, at the ankle opposite the affected hand or sham electro-acupuncture with placebo needles near the affected hand. Results were measured before and after eight weeks of therapy sessions (16 sessions total) using a questionnaire and MRI scans.

Researchers found that the 80 participants across all three groups reported improvements in their pain and numbness after the treatments. However, only participants who received real acupuncture – either at the affected hand or at the ankle – saw improved nerve impulses in the wrist. Those that received real acupuncture at the affected hand also experienced brain remapping linked to long-term improvement in CTS symptoms. No physiologic improvements resulted from sham acupuncture.

Researchers will now plan further research to better understand how acupuncture works to relieve pain in an effort to help improve non-pharmacological care options for chronic pain patients.

Vitaly Napadow, PhD, director of the MGH Center for Integrative Pain Neuroimaging at the Martinos Center for Biomedical Imaging, is senior author of this study. ■

Recognizing Pulmonary Rehabilitation Week

IN RECOGNITION OF Pulmonary Rehabilitation Week – March 12-18 – Matt Nippins, PT, DPT, CCS, of MGH Physical Therapy Services, discusses pulmonary rehabilitation efforts at the MGH.

NIPPINS

HOW DO YOU DESCRIBE PULMONARY REHABILITATION?

Pulmonary rehabilitation is a program designed to give people with chronic lung disease the tools to exercise and learn more about how to manage their condition. Physical therapists help participants establish a safe and effective exercise program that works with their individual strengths and weaknesses to decrease breathlessness, improve quality of life and decrease the likelihood of hospitalization. In addition to working with physical therapists, participants meet with respiratory therapists, physicians, social workers and dieticians to help understand how to use medications, conserve energy, improve muscle strength, use oxygen if needed and recognize and reduce anxiety and depression.

WHO CAN BENEFIT FROM PULMONARY REHABILITATION?

Anyone who has a chronic lung disease and feels short of breath during activity can make improvements in pulmonary rehab. In addition, people who don't necessarily feel short of breath, but who also do not currently participate in an exercise program, can also benefit. Pulmonary rehabilitation has proven to be especially beneficial to those who have chronic obstructive pulmonary disease (COPD).

HOW DOES PULMONARY REHAB HELP PATIENTS FEEL LESS BREATHLESS?

Think of pulmonary rehabilitation as a tune-up. If you tune up your car you get better gas mileage. Pulmonary rehabilitation makes your muscles more efficient in using the oxygen from your lungs and you end up being able to do more with less shortness of breath.

CAN PEOPLE EXERCISE IF THEY REQUIRE SUPPLEMENTAL OXYGEN?

Absolutely. Pulmonary rehabilitation also includes education about the use and options for supplemental oxygen.

WHAT ADVICE WOULD YOU OFFER TO PEOPLE WHO FEEL THEY ARE TOO UNSTEADY OR HAVE ACHES AND PAINS THAT PREVENT THEM FROM EXERCISING?

The benefit of having a multidisciplinary pulmonary rehabilitation program is that we can address all of these issues and design a program specific to each patient's needs. In physical therapy, we see patients with a variety of different needs and we have the ability to tailor therapy for most patients. As part of the physical therapy evaluation, the physical therapist will identify and address each individual's gait, balance and musculoskeletal issues.

MGPO chairman and CEO steps down

THOMAS J. LYNCH, JR., MD, stepped down this week from his role as chairman and CEO of the MGPO to accept a senior leadership opportunity at Bristol-Myers Squibb. Effective March 16, Lynch became the executive vice president and chief scientific officer of the global biopharmaceutical company, leading its Research and Development enterprise.

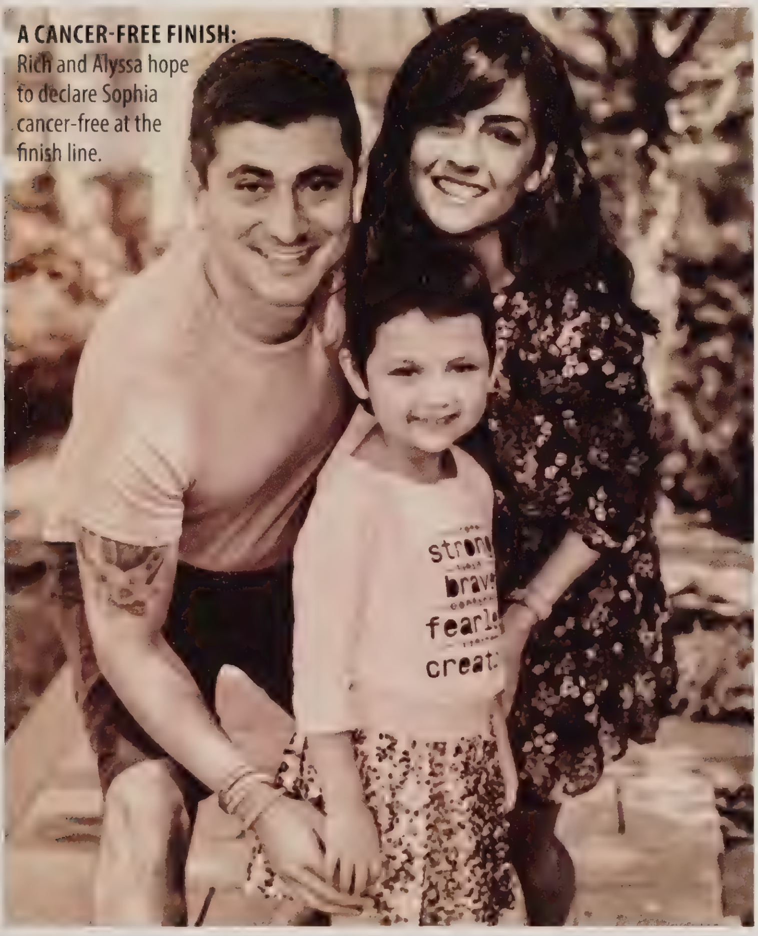
The process of forming a search committee to identify a new CEO is under way. In the meantime, Greg Pauly, COO of the MGPO, will serve as interim CEO.

"While this news is sad for the MGPO and MGH – indeed for all of us who have worked with and learned from him – this new role offers Tom an important and highly visible platform to make a far-reaching difference on the health of patients around the world," said Peter L. Slavin, MD, MGH president.

Lynch joined the MGH medical staff in 1993, after completing his residency in medicine at the MGH and a fellowship in medical oncology at Dana-Farber Cancer Institute. He then served as as chief of Hematology-Oncology at the MGH Cancer Center and director of the Center for Thoracic Cancers before accepting a role as director of the Yale Cancer Center and physician-in-chief of the Smilow Cancer Hospital at Yale-New Haven. He returned to lead the MGPO in September 2015.

Fighting cancer not a sprint, but a marathon

AS 30-YEAR-OLD ALYSSA MAGLIONE ran past the Boston Marathon Mile 20 marker last year, MGH pediatric cancer team supporters shook pom-poms, rang cow bells and shouted words of encouragement. But Alyssa only needed one thing to boost her energy – stepdaughter Sophia's smiling face.



A CANCER-FREE FINISH: Rich and Alyssa hope to declare Sophia cancer-free at the finish line.

Just hours before, Sophia, 8, had completed a six-week proton radiation protocol and despite the long treatment day on April 18, 2016, she rushed to the course with her dad, Rich. They stood poised at the metal barrier scanning the crowd for Alyssa. When she rounded the corner, Sophia snuck through the rails and ran 50 feet with her stepmom. "The strength Sophia found to support me was all I needed to tackle the hills ahead. If she could battle through a relapse and radiation, I could run," says Alyssa. "Sophia's a tough kid. She doesn't easily cry, but she did on Marathon Monday. She was proud of me and of the people who do so much for her."

On April 17, Alyssa will run as part of the MGH Marathon team, "Fighting Kids' Cancer … One Step at a Time," this time accompanied by husband Rich Maglione. The team raises money for the Pediatric Hematology and Oncology Division at the MassGeneral Hospital for Children (MGHfC), where Sophia is being treated for medulloblastoma – a fast growing tumor that develops in the brain. First diagnosed in New York at age 2 ½, Sophia then underwent three brain surgeries, five rounds of chemotherapy and a stem cell transplant. Sophia's cancer returned in January 2016 and after another brain surgery, she required 30 rounds of proton therapy at the MGH before more chemotherapy could be administered.

"Sophia's doctors told us she needed to receive radiation this time around and that proton therapy was only available at a handful of hospitals around the country, one of those hospitals being MGH," says Alyssa. "Since I grew up in the Boston area, I always knew that MGH was the best, so my husband and I transferred Sophia's care to MGHfC right away. From the pediatric perspective, our family can't imagine being anywhere else."

Alyssa and Rich are thankful for the personalized care Sophia receives coupled with the clinical, yet comforting, expertise of David Ebb, MD, a physician in Pediatric Hematology-Oncology, and staff. "No matter what the time or reason, the doctors always call back and patiently answer questions until we're feeling OK. Dr. Ebb has an unparalleled ability to settle our minds. We feel like he's been through these complicated issues personally."

When they cross the Boylston Street finish line, the couple hopes to declare Sophia cancer-free. They are incorporating the determination and focus learned throughout Sophia's care into their marathon training. Despite bumps, bruises and bad knees, Alyssa and Rich promised their daughter they will finish this year's race – despite learning from all they have been through that plans don't always materialize as thought.

"Sophia makes us resilient," says Rich. "We are running because the team of doctors and nurses at the clinic saved Sophia's life and although we can never thank them enough, we can run, so that's what we are going to do. Fighting cancer is not a sprint, it's a marathon." ■

This story is part of a series that MGH Hotline will publish in advance of the 2017 marathon featuring the Pediatric Oncology and Emergency Response Teams. In addition, individuals will run for the Miles for Mass General Program, which raises funds for hospital programs that are close to their hearts – including Botswana Oncology Global Outreach, Caring for a Cure, Cystic Fibrosis, Down syndrome and the Lurie Center for Autism.

— New chief

(Continued from page 1)

Additionally, Carter was a post-doctoral fellow in gene therapy at the Whitehead Institute at MIT and Boston Children's Hospital.

During his early faculty years at the MGH, he participated in the hospital's yearlong Administrative Leadership Program and was the director of Education for the Department of Neurosurgery from 2005 to 2010, while simultaneously serving as an associate professor at Harvard Medical School.

Since his return one month ago, Carter has established several goals for the department, one of which highlights the importance of team building.

"One of the things we've emphasized early on is developing the opportunity for teams of clinicians to thrive together," Carter says. "For example, in neurovascular care we have specialists in Neurology, Radiology and Neurosurgery who work together to try to achieve the best outcome for a patient. This might involve advanced imaging, certain neurosurgical techniques and great neuro-critical care. How do we build on that? How do we bring ourselves together? An early emphasis with the chiefs of Neurology and Radiology has been on creating organizing structures for neurovascular care that help us deliver the best care." Following this theme, Carter notes, "we also see opportunities for further development in our spinal neurosurgery program in collaboration with Orthopædics."

Another goal Carter has for the department involves reorganizing the clinical structure to create an acute care neurosurgery initiative and develop an academic neuro-trauma program. "We want to have the best Department of Neurosurgery in the country, bringing together our wonderful nursing, allied providers and physician teams so patients feel like they are in a 'neuro hospital within a hospital.' Through collaboration, I know we can bring together the many strong and diverse parts of the MGH and break down barriers."

Carter says he is happy to be back at the MGH.

"It has been interesting since I came back," Carter says. "You walk down the hall and see faces you haven't seen in seven years and there have been many great reunions. It's been a wonderful welcome back on all fronts."

Carter succeeds Robert Martuza, MD, who will remain an active member of the department, focusing on research and serving as a mentor.

TOASTMASTERS INTERNATIONAL
TOASTMASTERS GENERAL
Club 4340726
Boston, MA

A toast to building stronger communicators

THE TOASTMASTERS GENERAL CLUB recently hosted an International and Table Topics speech contest where participants gave a one to two-minute impromptu speech. The table topics theme was picked by the contest chair and given to participants immediately prior to their scheduled time to speak. Those who participated in the international speech challenge gave a five to seven-minute speech, which they were able to prepare in advance. Participants were required to complete at least six speeches from the Competent Communication manual prior to the contest.

MGHers who participated in the contests were, from left, Toshi Oki, International Speech contestant; Laura Ciccone, Table Topics contestant; Sivia Malloy, contest chair; Melissa DeJesus, International Speech contestant; and Belinda Phelps, Table Topics contestant.

Toastmasters General was charted by Toastmasters International in November 2014. It is a community club and the group welcomes anyone over the age of 18 who is interested in becoming a stronger communicator and leader to join. The group meets the first and third Wednesday of every month, 5:30-6:30 pm. New members may join at any time.

— *Patient Safety Stars*

(Continued from page 1)

"As I was driving to work through on the day of the Nor'easter I wondered how we would do with attendance. To my delight, the O'Keeffe Auditorium was packed for the 8 am Grand Rounds with Dr. Bagian," said Elizabeth Mort, MD, senior vice president of Quality and Safety and chief quality officer. "It is clear that patient safety is something everyone at the hospital continues to care deeply about, even while a huge snowstorm was upon us." ■

CHANGE IN *HOTLINE* SCHEDULE

MGH Hotline will have an updated print schedule for the months of March and April. There will be editions March 31, April 14 and April 28.

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MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

The basics: Blood clots

EVERY 6 MINUTES one American dies of a blood clot. "That's 274 Americans every day," says Lynn Oertel, NP, nursing practice specialist with the MGH Anticoagulation Management Service (AMS). As one of the oldest and largest nurse anticoagulation clinics in the United States, the MGH AMS educates and monitors patients who take blood-thinning medications, which are typically used to treat or prevent blood clots. In recognition of March as National Blood Clot Awareness Month, Oertel details why people of all backgrounds should know the signs and symptoms of a blood clot.

OERTEL

WHY BE AWARE OF BLOOD CLOTS?

Blood clots can affect anyone. There are a wide variety of risk factors – some are well-recognized, while others may be lesser-known to most people. These factors include family history, sitting for long periods of time, obesity, smoking, taking birth control, hormone replacement therapies with estrogen, having cancer, trauma to a blood vessel and hospitalization. Some of these risk factors can be controlled or minimized, however, others cannot – like family history or needing to have surgery. Talk to your doctor about ways to reduce your risk for blood clots.

WHAT ARE THE SIGNS AND SYMPTOMS?

Typically, if a blood clot is in the leg, a person may experience pain, swelling or tenderness. The area may feel warm to the touch and may be red in color. When a blood clot is in the lung, a person may have difficulty breathing, shortness of breath or chest pain and may cough up blood.

WHAT SHOULD YOU DO IF YOU THINK YOU HAVE A BLOOD CLOT?

This is an emergency and it is very important to seek medical help immediately. It could save your life. Do not wait and think you will feel better in a few days.

WHAT ARE SOME WAYS TO PREVENT BLOOD CLOTS?

It's important to know your risks and try to lower

(Continued on page 3)

Spectator to survivor: Sisters run the marathon

SIBLING SUPPORT: Jaymi and Ilana at the Tufts 10K in preparation for the marathon

JAYMI COHEN always admired her older sister, Ilana. She was a good athlete and excelled in school. Jaymi took all her cues from Ilana, following in her sister's footprints by playing lacrosse and basketball; and now, on April 17, she will continue that tradition by running the 2017 Boston Marathon.

It was the younger Cohen sister, however, who was Ilana's inspiration to first join the MassGeneral Hospital for Children's (MGHfC) pediatric cancer team, *Fighting Kids' Cancer ... One Step at a Time,* after Jaymi was injured during the 2013 marathon attack.

On April 15, 2013, Jaymi – then 19 – and her Tufts University lacrosse teammates joined hundreds of spectators in Boston's annual tradition – cheering marathon finishers on Boylston Street. They found an ideal spot in front of the Forum restaurant. Minutes later, Jaymi heard two explosions only seconds apart. She ran – and saw her legs bleeding.

EMTs rushed Jaymi to the MGH where Mindy Sherman, MD, pediatric attending physician, and Sylvia Romm, MD, a resident, removed debris from 40 to 50 dime-sized wounds covering both of her legs while keeping her parents calm. The care Sherman provided in the midst of a chaotic situation has spurred a lifelong connection.

"I didn't expect to build a relationship with the doctors, we had no connection to MGH before the bombings," says Ilana. "But they stay in contact with our whole family and continue to give Jaymi the best care."

In September 2013 after learning about the MGHfC team, Ilana, then 23 years old, knew she had found a fitting way to pay tribute to the staff that cared for Jaymi, while

(Continued on page 4)

03.31.17

Ancient ceremony promotes harmony between Christians and Jews

THE MGH CHAPEL played host to a special ceremony this week in advance of the upcoming Passover holiday.

"For centuries Jews and Christians have had a mixed history," says Rabbi Ben Lanckton, of MGH Chaplaincy. "Especially in the spring – around Easter and Passover – some Christian leaders gave sermons critical of Jews, sometimes even implicating them in the death of Jesus. But many Jewish and Christian communities lived together in harmony."

Lanckton says one example of this harmony is mechirat chametz, the sale of the leaven – prohibited to be eaten or owned by Jews during Passover – from the rabbi of the Jewish community to a leader of the non-Jewish community. Having eaten or donated as much chametz as they can before the holiday, the Jews needed a device to transfer ownership during the holiday. The non-Jewish leader, Lanckton says, would buy the chametz, with a very small down payment, to own it over Passover. "Then, in good will, the leader would intentionally fail to complete the payment one hour after Passover ends, so the chametz reverts to its original owners," he says. "This springtime cooperation, now the norm in hundreds of communities over the world, demonstrates the harmony and understanding between Jews and Christians."

During the March 28 ceremony, Lanckton sold the chametz to Susan Doyle, of MGH Nutrition and Food Services, while being observed by two witnesses – Allan Goldstein, MD, surgeon-in-chief of MassGeneral Hospital for Children, and Edwin Andrews, administrative director of the Transitional Clinical Research Center. The MGH will celebrate Passover with a special meal for all patients on April 10, the first night of Passover. In addition, throughout Passover – which lasts until twilight on April 18 – special kosher Passover meals will be available to patients who request them.

"This is just one way that our Nutrition Services make special efforts to meet the unique cultural and religious needs of our patient population," says Lanckton.

SIGNING CEREMONY: Lanckton hands Doyle a pen during the sale

Safe HAVEN for stories about abuse

"**DOMESTIC VIOLENCE** is looked at differently in our culture," said one woman from Africa. "If a girl is getting married, she has to be a virgin or she will be degraded," said another from the Middle East.

Harrowing stories of partner violence, shaming of rape victims, children who have been sexually assaulted, kidnappings, honor killings and fear of authorities were calmly recounted during a Monday morning roundtable at the MGH March 20.

Flown in from Algeria, Chad, Iraq, Jordan, Morocco and Saudi Arabia, nine women speaking three different tongues – Arabic, French and English – attended the MGH's Helping Abuse and Violence End Now (HAVEN) discussion. The goal of the visit, organized by the international exchange group WorldBoston, was to give delegates a chance to learn how the United States confronts domestic and sexual violence. "There is so much to learn from each other," says Debra Drumm, HAVEN director. "I wish we could have spent more time together."

With the help of two interpreters, Drumm and Joan Meunier-Sham, of the Massachusetts Sexual Assault Nurse Examiners (SANE), described their programs' wide-ranging functions and services.

HAVEN advocates work out of the MGH campus in Boston and at the health centers in Revere and Chelsea, supporting those affected by abuse with counseling, safety planning and referrals to outside resources such as women's shelters. "Last year HAVEN saw about 700 clients from all backgrounds, ranging in age from 14 to 81," says Drumm.

SANE has 140 specially trained nurses working throughout the state who are certified in forensic medical-legal exams. "They submit about 70 percent of the evidence collected on sexual assaults in the Commonwealth," says Meunier-Sham.

While HAVEN and SANE may be examples of sophisticated systems here in the U.S., the international delegates say their home countries are not necessarily starting from scratch.

"We have a similar social department to HAVEN in our hospital," said Mahamat Abdelkerim Oum Kalsoum, a cardiologist from Chad. "We can connect victims with monetary and psychological resources." Ola Abu Hlyyel, a lawyer from Jordan, said she works on awareness campaigns to educate people about rape and sexual harassment, especially in situations where children are involved.

Despite the successes, the delegates point to many more examples of the persistent and "deeply embedded" cultural attitudes and fears surrounding assault victims. For those brave enough to step forward, delegates said, the result is sometimes frustration with the court systems in their home countries.

Drumm said HAVEN staff members have recently assisted women who have emigrated from northern Africa, many of whom were surprised that working with the U.S. court systems also can be a slow process at times. "This meeting really helps us to confront the realities of the communities we serve," says Drumm. "It helps to understand even more about where these women are coming from." ■

MGH Institute of Health Professions names sixth president

PAULA MILONE-NUZZO, PhD, RN, FHHC, FAAN, has been named the sixth president of the MGH Institute of Health Professions (IHP) – an independent graduate school founded by the MGH and the only degree-granting affiliate of Partners HealthCare – following an extensive nationwide search. Milone-Nuzzo succeeds Janis P. Bellack, PhD, RN, FAAN, ANEF, who has led the college for the last decade.

Milone-Nuzzo, who also will hold the academic appointment of John Hilton Knowles Professor, spent the past 14 years in leadership roles at the College of Nursing at Pennsylvania State University, serving as dean and professor since 2008. She is a nationally recognized nursing leader who is credited with leading the college to new heights in research activity and academic reputation.

MILONE-NUZZO

"I am thrilled to have the opportunity to provide leadership to the MGH Institute of Health Professions," says Milone-Nuzzo, who will assume the presidency on Aug. 15. "The focus on interprofessional education and practice and team science has positioned the Institute to be a leader in the improvement of health care. I look forward to working with the IHP community in creating that future."

The IHP has seen exponential growth over the past decade. The student population has grown from 850 to more than 1,600; the faculty has doubled; and the school's footprint in the Charlestown Navy Yard has expanded from 65,000 square-feet to 160,000 square-feet. The IHP has significantly expanded its research activities – including opening a dedicated on-campus research facility – and has launched several new programs, including a Doctor of Occupational Therapy, a Master of Physician Assistant Studies and its first doctorate program focused on Rehabilitation Sciences.

Milone-Nuzzo received her Bachelor of Science in Nursing from Boston College, Master of Science in Nursing in Community Health Nursing and Education from the University of Connecticut and doctorate in Higher Education Administration from the University of Connecticut. Prior to Penn State, Milone-Nuzzo was associate dean for Academic Affairs and professor of Nursing Management and Policy at Yale University School of Nursing and served on the nursing faculty of Southern Connecticut State University.

"Dr. Milone-Nuzzo's national reputation as a collaborative program builder and as a recognized leader in helping to shape health professions education makes her the ideal choice to lead the IHP into a new era," says George E. Thibault, MD, chair of the IHP Board of Trustees and president of the Josiah Macy Jr. Foundation.

Committed to quality

PROMOTING LGBT EQUITY AND INCLUSION: Members of the MGH Lesbian, Gay, Bisexual and Transgender (LGBT) Employee Resource Group – from left, Yonghau Tan, Wrene Robyn, Mario Rodas, Reiner See and Kevin Knoblock – hosted an information table in the White Lobby on March 29 as part of National LGBT Health Week. Visitors could pick up information about LGBT patient health and find out what initiatives are happening at the MGH. Throughout the week, rainbow awareness ribbons also were distributed. "At MGH we are committed to quality health care for LGBT patients, their families and our employees," says Rodas, of Physical Therapy Services and LGBT Employee Group chair. "Everyone is valued here, and we promote equity and inclusion for the diverse patient population we serve. Health disparities exist within the LGBT patient population and we need to be aware of the needs of all our patients in order to provide the best patient care available."

— Blood clots

(Continued from page 1)

them. Recognize the signs and symptoms of blood clots and act right away. Follow a healthy lifestyle, stay active and seek and follow treatment for other medical problems you might have.

CAN YOU LIVE A FULL AND HEALTHY LIFE AFTER A BLOOD CLOT?

Of course. Be sure to follow the advice of health care professionals.

WHAT IS A GOOD RESOURCE FOR INFORMATION?

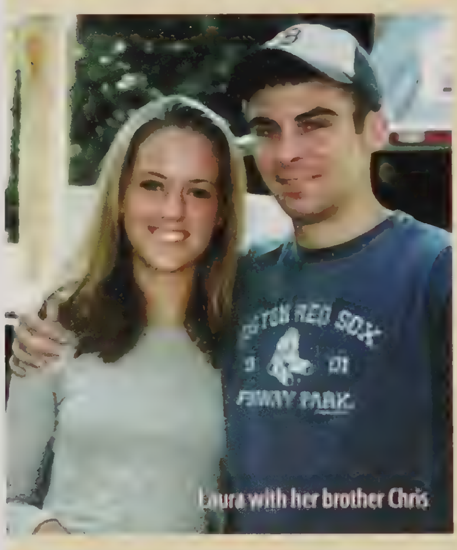
The National Blood Clot Alliance is dedicated to advancing the prevention and prompt treatment of blood clots. Visit *stoptheclot.org*.

Simple steps to cure a complex disease

LAURA WILLIAMS, RN, of the Ellison 18 pediatric inpatient unit, will run the Boston Marathon April 17 to benefit the Joey O'Donnell Cystic Fibrosis Center at MassGeneral Hospital for Children.

In April 2011, Williams' brother, Chris, passed away from cystic fibrosis (CF) at the age of 23. "Chris lived an incredible life and had the kindest, most patient heart of anyone I have ever known," says Williams. CF is a genetic condition in which the body creates thick mucus that progressively damages the lungs and digestive system. There is currently no cure for the disease.

It was Williams' experience with her brother that inspired her career choice. "Over the years, his many hospital admissions led me to meet many incredible nurses," she says. "Seeing the care and comfort they provided him inspired me to become a pediatric nurse so I could care for cystic fibrosis patients, and hopefully play a similar role in their lives that I saw Chris' nurses play in his."



Laura with her brother Chris

At the MGH, Williams had the opportunity to care for a remarkable young man with CF. "He had a kind and caring sense about him and would also often catch you by surprise with his witty sense of humor and leave you in stitches with laughter." The patient received a double lung transplant in 2014 and, despite a continued battle with CF, he died due to complications related to the disease in 2016.

"I feel that Chris' battle with cystic fibrosis, his complex health needs and thereby my exposure to the nursing field ultimately led me to have the privilege of meeting and caring for this particular patient," Williams says.

This will be Williams' fourth time running the Boston Marathon, and her first time as part of MGHfC Cystic Fibrosis Marathon Team. For 17 years, the MGH's CF Marathon program has raised more than $1 million to help provide highly individualized care for each patient, including preventive care, lung health management, nutrition support and psychological support.

"Both Chris and my patient had so much to give to the world," says Williams. "I run in their memories, but also to one day improve the lives of all children with CF."

— Marathon

(Continued from page 1)

also raising funds to support the care of pediatric cancer patients. Throughout the past three years, she has forged new friendships with fellow runners, MGH staff and team coach Dan Fitzgerald, giving her additional inspiration to tackle 26.2 miles for the fourth year.

"This year will be special; I'll have Jaymi by my side," says Ilana. "She's one of the strongest and hardest working people I know. I really look up to Jaymi, even though she is younger, and it's amazing to see how far she's come after such a life-changing event." The sisters have taken up Friday night sleepovers, Saturday long runs and spin classes to train – and compete – with each other.

Jaymi adds, "I'm jealous of how fast Ilana is but see it as extra motivation to push through. It's important for me to use my experience to help others. Running the marathon will not only support kids with cancer, but will help me heal as I follow Ilana's lead over the finish line." ■

These stories are part of a series that MGH will publish in advance of the 2017 marathon featuring the Pediatric Oncology and Emergency Response Teams. In addition, individuals will run for the Miles for Mass General Program, which raises funds for hospital programs that are close to their hearts – including Botswana Oncology Global Outreach, Caring for a Cure, cystic fibrosis, Down syndrome and the Lurie Center for Autism.

MASSACHUSETTS GENERAL HOSPITAL
BLOOD DONOR CENTER

MGH Blood Donors are the definition of *Boston Strong.*

Thank you for your commitment for helping to save the lives of patients at MGH and MGH for Children. We truly can not operate with out you!

Make a life-saving donation this April to receive our Boston Strong t-shirt to show your Boston pride!

Check out everything going on this spring at the MGH Blood Donor Center by following us at:

@MGHBloodDonor facebook.com/mghblooddonor

BOSTON STRONG

BOSTON
STRONG

MASSACHUSETTS GENERAL HOSPITAL

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MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

FORWARD PROGRESS:
Ankers and Apollo in the Ether Dome

What's in a name?

"WHEN I THINK of the history of the MGH, I think of the Ether Dome. I love this room – it is filled with history in so many ways."

And so it was the Ether Dome – and one of its residents in particular – that became the inspiration for Lisa Ankers, senior lab manager of the Thadhani Lab of Clinical Research in Nephrology, to come up with the winning name for the MGH's new intranet, *apollo.massgeneral.org.* "Ether was too obvious," she says, "but then I thought of the Apollo statue and it just came to me."

Apollo – the god of medicine and healing, and also of knowledge truth, sun and light – is the name and face of the newly designed site. Though Padihershef, the Egyptian mummy is well known, there also resides in the Ether Dome a statue of Apollo Belvedere, given to the MGH in 1845 by statesman Edward Everett. The plaster statue is a copy of the original Apollo Belvedere, which was unearthed in Rome during the Renaissance and taken to the Louvre in Paris by Napoleon.

(Continued on page 4)

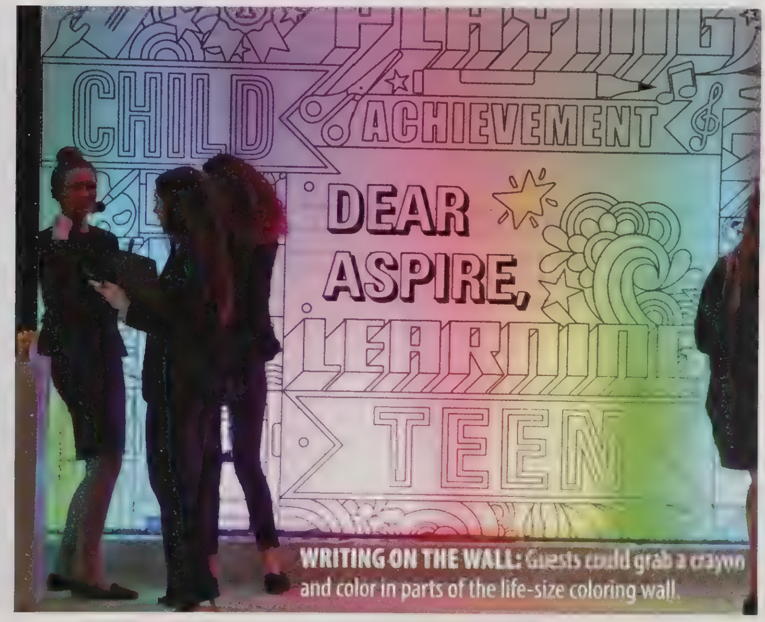
'Dear Aspire': Thank you

THE 17TH ANNUAL Aspire Spring Gala featured heartfelt "Dear Aspire" messages from those whose lives have been touched by MassGeneral Hospital for Children's successful, therapeutically-based program at the Lurie Center for Autism. Among them, "You've taught me to be myself," and "You've given me a voice."

The March 30 gala raised $2.6 million to support Aspire. The program helps children, teens and adults with high-cognitive autism spectrum disorder or a related social profile to develop the skills necessary to live full, independent lives. Programs include a college mentorship group and young adult internships. Aspire also supports more than 17 area school districts and conducts educational workshops that train more than 1,000 professionals and parents each year to help them meet the complex needs of individuals with an autism spectrum disorder.

Created by longtime partner Rafanelli Events, the cocktail reception

(Continued on page 4)



WRITING ON THE WALL: Guests could grab a crayon and color in parts of the life-size coloring wall.

Who is the MGH staffer on Jeopardy?

THOUGH SHE WAS only $401 shy of becoming the March 29 "Jeopardy!" champion, Tricia Riley, NP, of the MGH Thoracic Aortic Center, still "had a blast" being a contestant on the game show.

Riley, who has worked at the MGH since 1999, has taken the online qualifying test annually for years to try to get on the show. After once passing the test, auditioning in person and then not getting called back, Riley finally auditioned again in October 2015. "You take another written test and do some practice rounds like you are actually on the show answering questions," says Riley. "Then they might call you within 18 months to be on the show." One year later, she got the call to tape in California in December 2016.

A TRUE DAILY DOUBLE: Riley with Jeopardy host Alex Trebec

From her hotel stay – with all other contestants – to sitting in the makeup chair, to walking onto the set, Riley highlights the kindness and professionalism of every staff member. "They just made it so fresh and personal and made everybody feel relaxed and at ease throughout what could be a very nerve-wracking time," says Riley. "My biggest fear was being a deer in the headlights. But it goes by so fast you don't even have time to be nervous."

Riley remembers figuring out the correct timing for when to push the buzzer and her Daily Double question. She correctly answered the final clue – "NASA wished John Glenn this 8-letter word when he made the first U.S. manned orbital flight in 1962 and again upon his passing in 2016" – "Godspeed," but the rest went by in a blur. Watching her episode with a group of friends and family, Riley didn't remember most of the questions. "I said, 'Did I really answer those?'"

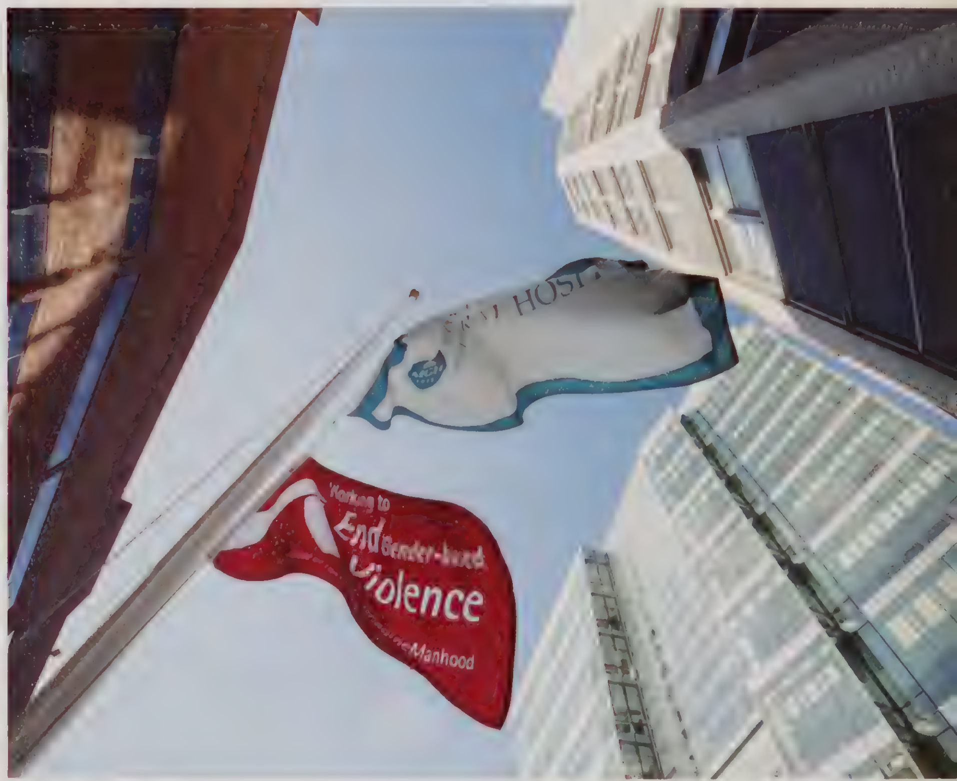
"My advice to anyone even considering trying out for the show is to go ahead and throw your hat into the ring," says Riley "You never know what might happen, and it is an absolute blast."

Pledging to be part of the solution

ON MARCH 1, to commemorate the 10th annual Massachusetts White Ribbon Day, a special flag wave proudly for the remainder of the week. The flag represents the commitment of men to be leaders and advocates in the struggle against domestic violence and sexual abuse against women, to promote safety and justice, and to be a part of the solution in ending all gender-based violence.

More than 750 people attended this year's White Ribbon Day event at Faneuil Hall, including members of the MGH Men Against Abuse (MAA) and the MGH Domestic Violence Working Group – both of which helped initiate the day 10 years ago.

"We should all be very proud of the work that takes place throughout the organization; HAVEN, the Employee Assistance Program and Police and Security lead efforts to help our patients, employees and visitors every day," says Jim Heffernan, senior vice president of Finance and Treasurer and MAA ambassador. Heffernan has been part of the initiative since the idea was first proposed by the Domesti Violence Working Group. "This was a way to increase awareness among men and get men involved more directly. It very quickly grew to a larger group of men and women."



The members present at various departments, provide information about domestic violence and educate people about how to be aware of sexism and violence and to speak up. The group also organiz information tables and a Father's Day program promoting positive male role models.

"Often our role is to be an introduction, and then HAVEN, the Employee Assistance Program or other groups continue further," says Heffernan, who is quick to point out the teamwork from many key members and groups throughout the hospital. "The Facing Forward program jointly sponsored with ou partners at MEEI provides care to survivors. Programs in our health centers and recently the Freedom Clinic try to meet the special needs of patients and survivors of trafficking. These are just a few of the ways that we step up."

The White Ribbon Day campaign began to gain traction in Massachusetts and nationwide 10 years ago. A small group met with the governor, and the day grew from a dozen people in the conference room to close to 1,000 people gathering at Faneuil Hall, 60 flags flying across the state and more than 40,000 ribbons distributed and pledge cards signed this year. Heffernan hopes awareness and education continue to grow.

"We face these issues among our patients and fellow employees all the time," says Heffernan. "Being aware of the issue is more helpful than being silent and doing nothing." ■

MGH
1811

Apollo

INTRODUCING APOLLO:

THE MGH HAS WELCOMED its newly redesigned intranet, Apollo, at *apollo.massgeneral.org*. The site will showcase the latest news, events and essential and helpful information for all hospital staff. The home page will feature five news stories – highlighting important and timely initiatives – a helpful and easy-to-navigate A-to-Z Directory, Daily Announcements and an in-depth hospitalwide calendar.

Staff can locate Apollo three ways:

- Clicking the "intranet" link on the bottom of the *massgeneral.org* home page
- Clicking the Apollo link in the Partners Applications Quick Start Menu under "Utilities"
- Visiting *apollo.massgeneral.org*

Apollo mission:
The new MGH intranet is designed to strengthen and enhance communication throughout the hospital and provide easy access to information in one central location.

Apollo: Goals at a glance

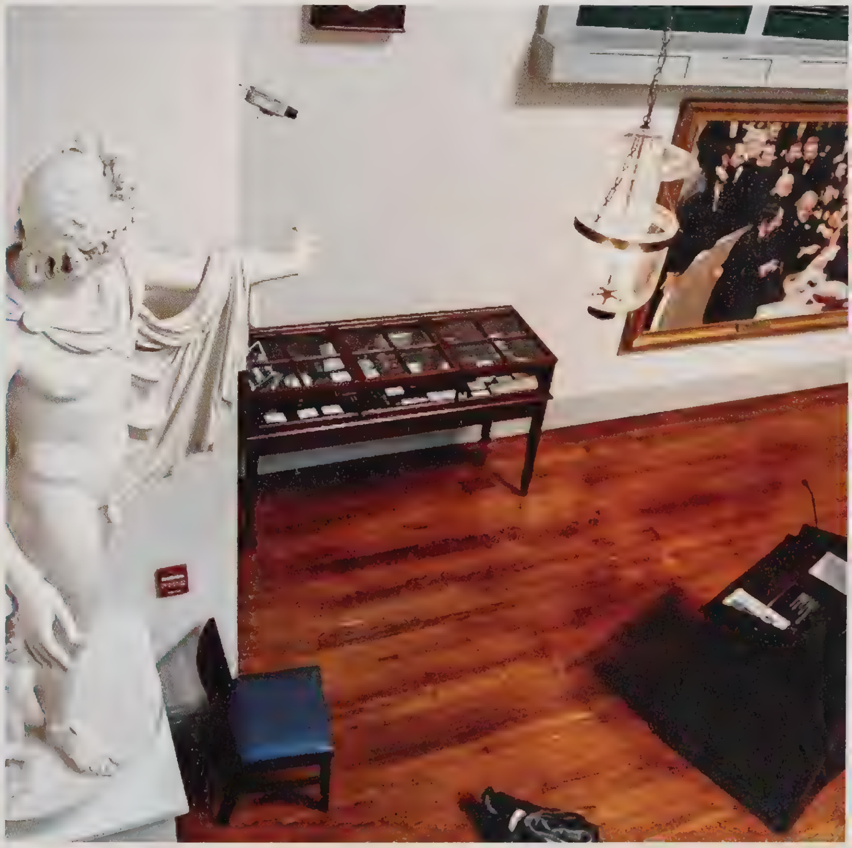
- To become the "daily newspaper" for MGH staff: It will be a thoughtful, strategic content hub of pertinent information for all MGH staff and employees with what they need to know for that day/week/month.
- To reduce the number of emails and telephone calls staff receive when a colleague, patient or community member is seeking information.
- To allow for easy, instant messaging during emergency events.
- To reduce confusion about who to contact, or where to turn for information by showcasing organization charts and department details.

Why Apollo?

THIS STRONG NAME celebrates MGH history with a nod to the Apollo Belvedere Statue in the Ether Dome. Apollo is known as the god of medicine and healing, as well as knowledge, truth, sun and light. In addition, the original Hippocratic Oath translated into English begins with: "I swear by Apollo, Asclepius ..."

The plaster statue of Apollo in the Ether Dome was given to the MGH by statesman and orator Edward Everett in the 1840s. It is a copy of the original Apollo Belvedere, a sculpture unearthed in Rome during the Renaissance. Napoleon looted Rome in the early 19th century and took the Apollo Belvedere from the Vatican to the Louvre in Paris.

The Louvre made and sold plaster casts of the statue, one of which Everett bought and shipped back to Boston. The English sea captain and novelist Frederick Marryat, visiting America a few years before the donation, described a visit to Everett's home, where the statue was draped to cover its near nakedness. Marryat decried the covering as an example of the prudishness of otherwise educated and open-minded Americans. ■



Apollo Home

Does your department/committee/ office need more information about having a presence on *apollo.massgeneral.org?*

Contact: *apollo@partners.org*

I found it on Apollo!

① Quick Links allow for easy access to frequently visited sites.

② A-to-Z Directory showcases organizational charts, department overviews, easy-to-access links and important information to help staff navigate the hospital.

③ Facebook and Twitter scrolls highlight the latest in social media posts.

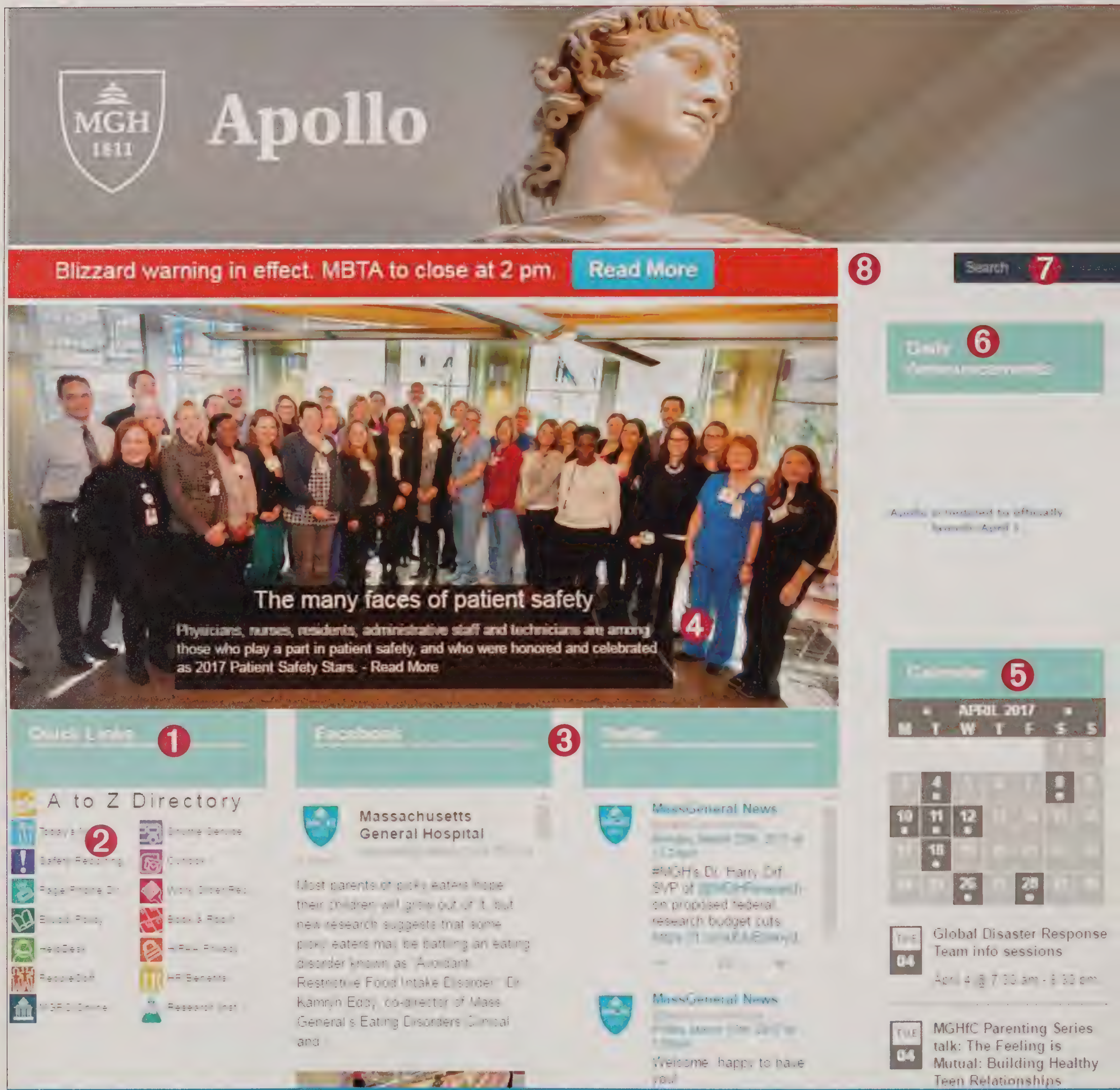
④ Five scrolling news stories feature the MGH's dedicated and talented staff.

⑤ Hospitalwide calendar offers a glance at events taking place this week, this month and this year.

⑥ Daily Announcements provide updates on the many happening throughout the MGH.

⑦ Search function allows for quick answers to questions.

⑧ In the event of an emergency, a banner will be launched sitewide for instant notificatio



Blizzard warning in effect. MBTA to close at 2 pm.

The many faces of patient safety

Physicians, nurses, residents, administrative staff and technicians are among those who play a part in patient safety, and who were honored and celebrated as 2017 Patient Safety Stars. - Read More

A to Z Directory

Massachusetts General Hospital

Most parents of picky eaters hope their children will grow out of it, but new research suggests that some picky eaters may be battling an eating disorder known as "Avoidant Restrictive Food Intake Disorder." Dr. Kamryn Eddy, co-director of Mass General's Eating Disorders Clinical and ...

MassGeneral News

#MGH's Dr. Harry Orf, SVP of @MGHResearch, on proposed federal research budget cuts

MassGeneral News

Welcome, happy to have you!

APRIL 2017

M T W T F S S

TUE 04 Global Disaster Response Team info sessions

TUE 04 MGHfC Parenting Series talk: The Feeling is Mutual: Building Healthy Teen Relationships

Does your department/committee/office need more information about having a presence on *apollo.massgeneral.org*? Contact: *apollo@partners.org*

Continuing the connection

ON APRIL 18, 102 runners will take to the Boston Marathon course – one of the most challenging in the country – in support of the Pediatric Hematology and Oncology Division at MassGeneral Hospital for Children (MFHfC). For first-time runner Holly Peek, MD, the marathon is more than a personal life goal; it's an opportunity to give back to the clinicians and patients who taught her career-changing lessons.

During her fellowship, Peek, a child and adolescent psychiatry fellow, worked on the child psychiatry hospital consult service under the guidance of Annah Abrams, MD, chief of Pediatric Psycho-Oncology and the Pediatric Hematology Oncology Unit.

Peek helped care for children dealing with a broad range of issues, learned tactile skills – such as how to create a structured routine for children hospitalized long-term and how best to teach coping strategies – and under Abrams' mentorship, learned how to holistically care for the entire family.

Peek witnessed how Abrams serves as a guiding light to families facing a cancer diagnosis. "Annah has an innate ability to connect with families and provide the support and compassion they desperately need," says Peek.

As a teacher, Abrams stresses the importance of assessing a family's whole situation to determine how best to serve both child and parent. She pauses after each clinical case to discuss issues and decompress, which showed Peek that it is OK to share her emotions when caring for children.

Peek also discovered how invaluable services like child life programming and art and music therapies improve a patient's quality of life, particularly when navigating a new hospital routine. Funds raised by the MGHfC marathon team directly support these activities to help distract patients and siblings from the daily rigors of treatment and care.

A SHINING INSPIRATION: Peek with her marathon patient partner, Emmy

After completing her fellowship in June 2016, Peek looked for ways to continue her MGHfC connection and use all she learned from Abrams. She discovered the marathon patient partner program, through which Peek partnered with Emmy Alverez, a sassy 4-year-old undergoing chemotherapy who regularly dons glittery shoes and bows. Peek accompanies Emmy during long infusion visits, often playing with the Jasmine and Ariel dolls she received for her birthday. "I have come to love Emmy and her family," Peek says. "For all my patients, I've done my best to guide them through difficult treatments and healing processes. This was perhaps one of the most challenging and rewarding experiences of my medical training."

This story is part of a series that MGH will publish in advance of the 2017 marathon featuring the Pediatric Oncology and Emergency Response Teams. In addition, individuals will run for the Miles for Mass General Program, which raises funds for hospital programs that are close to their hearts – including Botswana Oncology Global Outreach, Caring for a Cure, cystic fibrosis, Down syndrome and the Lurie Center for Autism.

Bringing the latest advances in artificial intelligence to patient care

THE MGH AND Brigham and Women's Hospital (BWH) have formed the MGH & BWH Center for Clinical Data Science (CCDS), a collaboration made possible with investments from both hospitals and their respective Radiology departments. The CCDS aims to transform health care by applying the latest advances in artificial intelligence (AI).

Founded in 2016, the CCDS has quickly become a leading hospital-based initiative for innovation in health care AI. By using AI techniques – such as machine learning and artificial neural networks – the center is building systems to improve the detection, diagnosis, treatment and management of diseases. With an initial focus in medical imaging and diagnostics, the CCDS now is expanding into a broader set of opportunities across a wide variety of medical applications.

"We are excited about the potential impact that the CCDS will have on patient care – both for medical imaging as well as other fields in the future," says James A. Brink, MD, chief of the MGH Department of Radiology. "The innovations the CCDS will support promise to be the next steps in providing the best care to our patients – from the first diagnosis to the final treatment."

The CCDS is currently exploring multiple partnerships with industry to co-develop and validate algorithms that can recognize patterns of disease and advance diagnostic capabilities. It also is actively building a corps of data scientists, developers and fellows to train and test models with the potential for commercialization. As the organization scales and leverages data repositories throughout the Partners eCare ecosystem, it will access a significant patient population for clinical evaluation of its products and establish a technology infrastructure to facilitate improvements in workflow efficiency.

Over the next several months, the CCDS will host forums with clinicians at the MGH and BWH to introduce its work, solicit feedback and seek collaboration. It currently supports more than 20 machine-learning research projects in various stages of development and validation.

"The MGH & BWH Center for Clinical Data Science combines the predictive power of data science with vast stores of biomedical information and extensive expertise at MGH and the Brigham to innovate clinical practice," said Peter L. Slavin, MD, MGH president. "It will undoubtedly inform the next generation of information services at Partners and the myriad operational efficiencies that will follow." ■

— Apollo

(Continued from page 1)

The Louvre made and sold plaster casts of the statue, including this one that Everett bought and shipped back to Boston.

"When I saw the information asking staff to submit their ideas as part of an intranet naming contest, I knew the name would have to be a tie to the history of the hospital," says Ankers. "When I thought of it, that was it. There are so many meanings associated with Apollo that relate to the hospital – I knew I wouldn't think of anything better."

Another Apollo tie? The original Hippocratic Oath, when translated into English, begins, "I swear by Apollo the Healer, by Asclepius, by Hygieia, by Panacea, and by all the gods and goddesses, making them my witnesses, that I will carry out, according to my ability and judgment, this oath and this indenture."

Ankers received a signed Julian Edelman football for her winning submission. When she learned she had won the contest, she said, "I immediately called my husband, I could not believe it! I was completely surprised and it was such an honor. I already have a spot for it right on the mantel." ■

— Aspire

(Continued from page 1)

at the Four Seasons Hotel Boston attracted more than 850 guests and featured dinner-by-the-bite, a donut wall and live music by the Berkshire Hills Music Academy Performance Troupe.

Seth Rogers, a former Aspire intern, introduced event co-chair David Long, chairman and CEO of Liberty Mutual Insurance and a member of the MGH Board of Trustees. Co-chair Tim Sweeney, president of Global Consumer Markets at Liberty Mutual Insurance, launched an impromptu live auction featuring a package that included two Super Bowl tickets.

"All of us at Aspire are grateful to all of you," said Scott McLeod, PhD, executive director of Aspire. "You support the program, you speak out, you show up. You make it possible for me to say that no Aspire applicant is turned away because of a family's inability to pay. That is what really matters. That is what's making it possible for children, teens and adults on the spectrum to pursue careers and lead full lives."

N274ME
BOSTON
Med Flight

Boston MedFlight marks milestone

BOSTON MEDFLIGHT marked a milestone last week as it provided transport to its 65,000th patient since its founding in 1985. On March 28, a patient in respiratory failure requiring specialty care was transported in a ground critical care ambulance from Tufts Medical Center to the MGH by the critical care transport team.

"We are honored to have served each and every one of these patients, and to have positively impacted their lives and the lives of the countless family members and friends they represent," says Boston MedFlight CEO Maura Hughes, CPA, MBA. "And while we are proud of achieving this significant milestone we remain focused on delivering the highest level of medical care and most efficient transport, by air and ground, to the region's most seriously ill and injured patients."

Boston MedFlight was formed in 1985 as a nonprofit air transport service through a cooperative effort of the MGH, Beth Israel Deaconess Medical Center, Boston Children's Hospital, Boston Medical Center, Brigham and Women's Hospital and Tufts Medical Center. Boston MedFlight now operates from three bases – located in Bedford, Plymouth and Lawrence – with three helicopters, six ground critical care vehicles and a fixed wing airplane. Each year Boston MedFlight completes more than 4,000 patient transports – an average of 11 per day – with 1,100 of those patients coming to the MGH.

POP CORN
Play ball
BOSTON
B
RED SOX

THE BOYS ARE BACK: On April 3, Eat Street Café celebrated Red Sox opening day at Fenway Park with a popcorn giveaway and also served up special ballpark favorites. On the menu was the "John Farrell" – an Italian sausage with peppers and onions – a "Pedroia Basket" – corn dogs with spicy mustard – and other tasty treats for visitors to get back in the swing of baseball season.

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MGHHOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

MGH Stands Up *for* Science

"Science is magic that works." – Kurt Vonnegut

AT NOON ON APRIL 22, hundreds of MGH staff will gather to "Stand Up for Science" on the Bulfinch Lawn before marching to the Boston Common as part of the March for Science, an event taking place in more than 400 cities around the world.

The Boston March for Science will celebrate the discovery, understanding and sharing of scientific knowledge and will champion publicly funded and communicated scientific knowledge. The goal is to unite a diverse and nonpartisan group to celebrate Boston as an exceptional place for scientists and scientific research.

"We hope this day serves as a chance to reaffirm the message about the essential role that science – biomedical research, in particular – plays in improving life and health," says Regina LaRocque, MD, of the Infectious Disease Unit. "Several MGH groups – including the MGH Healthcare Advocacy Committee, the MGH Research Institute and Physicians for Policy Action – are working together to ensure a significant presence at the Boston event."

(Continued on page 4)

Home Base receives royal support at 2017 Boston Marathon

AN AMERICAN AND A BRITISH wounded veteran – retired U.S Army Maj. Ivan Castro and Karl Hinett – are running both the 2017 Boston Marathon and the Virgin Money London Marathon to support Home Base, a Red Sox Foundation and MGH Program, and The Royal Foundation of The Duke and Duchess of Cambridge and Prince Harry's Heads Together Campaign.

Castro sustained life-threatening injuries and was blinded in both eyes during combat in Iraq in 2006. Hinett was just 19 when he was involved in an attack on his 26-ton Warrior Tank while serving in Iraq in 2005, resulting in burns to his hands, legs, arms and face. Between them, Castro and Hinett have spent more than 100 hours on the operating table, more than 12 months confined to hospital beds and have endured more than 100 surgeries.

(Continued on page 2)

DEDICATED DUO: Hinett and Castro

SLAM DUNK SUPERSTARS: The 2017 MGH league champions

Nothing but net

THE MGH BASKETBALL LEAGUE closed out its 40th season this month, marking the occasion with a free throw competition and a final championship game. The league has played at many locations throughout its four decades – most recently to the YMCA in Charlestown – and hundreds of MGH staff, past and present, have enjoyed the competition and camaraderie the group offers.

"We started the league as a way for more staff to get to know each other," says Larry Washington, of MGH Police, Security and Outside Services. "It's been great. We have people playing who were part of the original group, and we have newcomers all the time. It's nice for some of the residents – they come and laugh and make friends for the three or four years that they are here at the MGH."

The co-ed league is open to all MGH and Partners employees. Typically eight to 10 teams are formed to play 10 games, plus playoff rounds. The group meets every Wednesday night during the winter. ■

FREE THROW FUN: Peter L. Slavin, MD, MGH president, center, joined this year's free throw competition along with Washington, Zirui Song, MD, PhD (competition winner), Zack Barq, Olaniyi Ogunbodede, Patrick Geraghty, and Jeff Davis, senior vice president of Human Resources.

Pathology and a path to great clinical care

IN LATE 2014, after a routine annual physical, Cape Cod resident Barbara Porter was diagnosed with pancytopenia, a reduction of red and white blood cells and platelets. Following additional testing and a bone marrow aspiration, Porter learned she had acute myeloid leukemia and was transferred to the MGH.

A veteran of the Massachusetts State Police, Porter immediately stopped working as a clien manager in senior care to focus on "a new journey in my life." Characterization of her leukemi led to an experimental treatment option that has been successful; the leukemia is in remission in part due to the extensive laboratory testing results provided by MGH Pathology.

Along with Hanno Hock, MD, PhD, of Internal Medicine, many divisions of MGH Pathology – including experts in hematopathologist diagnosis, hematology, blood bank, chemistry, microbiolog and molecular diagnostics – aided Porter in managing her care from initial diagnosis to the characterization of her leukemia to determine treatment options, to follow-up monitoring to maintain Porter's health with blood transfusions and care management.

Today Porter is feeling good and is excited to spend more time with her three grandchildren and helping to organize a reunion for her Westborough High School class in August. Porter says she is grateful for the hard work and dedication of her care team whose decisions are powered by Pathology's laboratory technologists. "When it came to my treatment, I had complete confidence in my care team at the MGH," she says. "I don't expect a guarantee but maybe I can help someone else that may be in my situation in the future."

On April 24 – 28, the MGH joins the nationwide celebration of Laboratory Professionals Week, recognizing the laboratory community and all of their hard work. "It is due to the dedication and continued efforts of the Pathology laboratory workers that we have so many success stories, like Barbara's," says David Louis, MD, chief of Pathology Service. Join the MGH in celebrating National Lab Week, and stop by the White Lobby table for festivities throughout the week. ■

— *Home Base*

(Continued from page 1)

They both discovered that a huge part of their recovery – both physical and mental – was through running. Combined, they have run more than 200 marathons and ultra-marathons around the globe, including the North Pole, Antarctica and the Amazon.

This month, Castro and Hinett will dedicate their miles to raise money and raise awareness for the mental well-being of veterans in both the U.S. and the U.K. With these two marathons, the two veterans are keen to build on the great work already taking place across the country and around the globe, to ensure people feel comfortable with their everyday mental well-being, feel able to support their friends and families through difficult times and that stigma no longer prevents people from getting help they need.

Funds raised in the U.S. by the American Friends of The Royal Foundation will directly support Home Base and its programs dedicated to healing the invisible wounds for post-9/11 veterans, service members and their families. Funds raised in the U.K. will support the Heads Together mental health projects currently in development and the work of its U.K. Charity Partners leading the way in mental health care and awareness.

Congratulations to the MGH Marathon Teams, who will be running the marathon April 17. Funds were raised this year for Pediatric Oncology and Emergency Response Teams as well as the Miles for Mass General Program – including Botswana Oncology Global Outreach, Caring for a Cure, cystic fibrosis, Down syndrome and the Lurie Center for Autism.

What does it mean to be 'sleepy'?

WITH NATIONAL SLEEP AWARENESS WEEK quickly approaching April 23-29, Kenneth Sassower, MD, neurologist in the Sleep Disorders Unit, answers the most commonly asked questions about sleep, and shares his most important piece of advice.

ARE SLEEP ISSUES THE SAME IN CHILDREN AS IN ADULTS?

There are some very distinctive differences between children's sleep and adult sleep. Adults become sleepy because they're sleep deprived, but that's not the case with children. Some problems with pediatric sleep are attention and behavioral disturbances and parasomnias (sleep walking and night terrors).

WHAT DOES IT MEAN TO BE 'SLEEPY'?

Sleepiness can be drowsiness that affects daytime functioning. It also can manifest in daytime naps and feeling the need to nap. It could mean going to Starbucks a lot to keep yourself awake or a combination of all those things.

IS BEING 'FATIGUED' THE SAME AS BEING 'SLEEPY'?

Fatigue refers to being more tired and exhausted, not necessarily sleepy. It might mean a lack of energy, a lack of inspiration or when someone doesn't feel like doing anything. Signs of fatigue include loss of exercise capability and endurance and may co-exist with sleepiness. Causes of fatigue could be a circadian rhythm sleep disorder, neuromuscular and mitochondrial disorders, anemia, cardiac or chronic lung disease, rheumatologic or endocrinologic disease or a psychiatric condition.

WHAT ARE THE MOST COMMON SLEEP SYMPTOMS?

Out of all the symptoms of patients who come into our office the most common are insomnia, excessive daytime sleepiness and disturbed behavior during sleep. Patients can go years without knowing they have a disturbed sleep behavior because they do not have partners to inform them.

IS THERE AN ACTUAL WAY TO MEASURE SLEEPINESS?

Yes. There are several diagnostic tools, but the most commonly used method is the Epworth scale used often in the MGH Sleep Lab. This method uses about six questions that suggest how likely a patient is to fall asleep in certain scenarios: If the patient is speaking to someone or driving a car, among other things. Other tools used to diagnose sleepiness are sleep diaries, performance tests and neurophysiologic tests.

WHAT DOES ATTENTION DEFICIT DISORDER (ADD) HAVE TO DO WITH SLEEP?

There is an area of the brain called the prefrontal cortex. If there is an injury to that part of the brain, someone will become inattentive. It could be due to a structural reason, or a physiological reason. There is a very fine line between being relatively sleep-deprived and being inattentive, according to studies. If someone is in a lecture hall and becomes sleepy, there's no way they'll be able to pay attention. Paying attention is not a function that one can easily perform if they are sleepy. Often in our office we see patients who are inattentive as a result of being too sleepy. In addition, if you're sleep deprived and you have underlying ADD, it may make it worse.

WHAT DOES AUTISM HAVE TO DO WITH SLEEP?

Autism and sleep disorders seem to co-exist. There have been several studies about the prevalence of sleep issues in those with autism and the numbers are staggering. Up to 83 percent of kids with autism have some sort of sleep dysfunction, as opposed to 10 to 30 percent of kids who are otherwise typically developing. Autism is becoming so much associated with sleep issues that people are proposing that perhaps autism should be defined in the terms of some sleep issues. If you take 100 children who have some form of generalized developmental disability and you take 100 children with autism and you put them to sleep, the 100 children with a developmental disability will sleep. The children with autism will be up and down all night, and it can become a family issue. If there is a child on the spectrum who isn't sleeping, that means the family isn't either.

SASSOWER

WHAT ARE THE MOST COMMON CAUSES OF DAYTIME SLEEPINESS?

The most common cause of daytime sleepiness, without question, is inadequate sleep hygiene. Sometimes people drink too much coffee, or they have a glass of wine and while they initially fall asleep, they wake up in the middle of the night and can't get back to sleep. We have to bear in mind that some people might be sensitive to certain things, like caffeine, and even if you have a cup of coffee in the morning, it might affect how one sleeps.

WHAT ARE THE MOST COMMON INTRINSIC (PART OF THE ANATOMY) SLEEP DISORDERS?

Some of these disorders are sleep apnea, periodic limb movements of sleep and restless leg syndrome (RLS). RLS is when you feel like you have to move your legs. Other disorders include a non-REM parasomnia – such as sleepwalking – or a REM parasomnia such as REM behavior disorder. There are also conditions that cause excessive daytime sleepiness – such as narcolepsy or idiopathic hypersomnia. In narcolepsy, people suffer from very vivid dreaming, acute sleep attacks, sleep paralysis and an acute loss of motor tone in association with emotions. With idiopathic hypersomnia, you may feel as if you can't get enough sleep. With this disorder someone could be sleeping 12 to 18 hours per day, yet still feel exhausted; it can be very debilitating.

WHAT ARE THE MOST COMMON EXTRINSIC (NOT HAVING TO DO WITH OUR INTERNAL MECHANISM) SLEEP ISSUES OR SLEEP DISORDERS?

Inadequate sleep is the most prevalent sleep issue. Common complaints about inadequate sleep hygiene are trouble falling asleep, difficulty staying asleep, not getting enough sleep, unrefreshing sleep or needing sleeping pills to fall asleep. Some medications can cause insomnia, for example, asthma medicines (bronchodilators), have an activating effect. Some conservative treatment guidelines would be having a consistent sleep time; avoid daytime naps; eliminate late afternoon caffeine use; reduce or eliminate tobacco use; avoid evening exercise if you can; keep the bedroom dark, quiet and cool; avoid computers, laptops, iPads and phones; and use the bedroom only for sleep. The best piece of generic advice I could give, and this is the most important: Try to go to bed at the same time and get up at the same time, every day. ■

Cutting-edge cardiovascular care featured at forum

THE WORLD MEDICAL Innovation Forum will be held in Boston May 1-3. Hosted by Partners HealthCare, the third annual forum brings together nearly 1,000 international cardiovascular innovation decision-makers from industry, investment, clinical and research communities. Throughout the three days, the forum will review in detail the emerging cardiovascular therapies, 'omics, digital diagnostics, education and engagement with new delivery platforms that will become models of care for cardiovascular and related metabolic diseases. In addition to examining cutting-edge issues in the field through panel discussions and interviews, the forum offers presentations by early-stage investigators and luncheons with clinicians from Brigham and Women's Hospital, the MGH, NWH and Harvard Medical School. The forum features more than 120 speakers, including 19 CEOs, as well as key leaders from life science, government and venture capital sectors.

WORLD MEDICAL INNOVATION FORUM

CARDIOVASCULAR | MAY 1-3, 2017

Travel ban impact for laptops/cell phones

THE CURRENT Federal Administration's Executive Orders on Immigration and Travel have raised concern for some MGH researchers, providers and community members who plan to travel.

The Partners Information Security Department recommends that in regard to laptops, tablets and cell phones, comply with requests by an authorized representative of a sovereign nation. Within reason, no cyber-security, privacy or compliance obligation should affect one's personal health and safety. Staff should take due care when traveling internationally to protect their personal belongings and the data they travel with, the risk of theft or loss is greater than the actions of a Customs and Border Protection official.

QUICK TIPS:

- If possible, bring a substitute laptop and/or phone instead of your regular device. This decreases the risk of losing confidential information.
- Store data remotely at Partners, not locally on the device (e.g. DropBox for Business, Partners Shared File Area)
- Be aware of password requirements and encryption restrictions in certain countries. You cannot have encryption enabled when traveling to: Cuba, Iran, North Korea, Sudan and Syria.

FOR MORE INFORMATION, CONTACT:

Ryan Wildes:rwildes@partners.org for TravelSafe and general travel matters and *Toby Tsuchida:ttsuchida@partners.org* for Information Security matters

— *March for Science*

(Continued from page 1)

The day at a glance:

- Peter L. Slavin, MD, MGH president, will speak at 12:10 p.m. on the Bulfinch Lawn.
- Staff are invited to wear white lab coats or MGH apparel.
- Participants who are using social media to capture the event can use the event hashtags: *#MarchForScience, #MarchForScienceBoston* and *#MGH*. Staff also are invited to share a short video to Twitter sharing their reason for marching. The *@MassGeneralNews* Twitter account will retweet some of these posts.
- Downloadable templates for signs and social media icons will be available by visiting the new MGH intranet Apollo, at *apollo.massgeneral.org*.
- Attendees are encouraged to use public transportation. For those who drive, the Nashua Street Orange lot (99 Nashua Street) will be open from 11 am to 6 pm.
- Volunteers are needed to serve as parade marshals along the route. For more information, contact LaRocque at *rclarocque@partners.org*.
- Questions can be directed to: *researchinstitute@mgh.harvard.edu*

"We hope more staff, and their families, are able to join in this free rally to send a strong message about the importance of sustaining the scientific leadership that has defined the MGH, Boston and our nation," says Harry Orf, senior vice president for Research.

To register, the information page is available on the *apollo.massgeneral.org* homepage. ■

Egg-cellent adventure

HIPPITY-HOPPITY HUNT: MassGeneral Hospital for Children patients and their siblings, including patient Liam Stark, age 3, were treated to an egg-cellent adventure at the 13th annual Spring Egg Hunt April 13. More than 30 children scoured the Howard Ulfelder, MD, Healing Garden in Yawkey for colorful plastic eggs filled with candy, temporary tattoos, costume jewelry and more trinkets, stashing their goodies in pillow cases donated by Ryan's Case for Smiles. The Spring Bunny then helped the families decorate cupcakes and cookies in the Pediatric Hematology-Oncology Outpatient Clinic while posing for photos. He hopped over to the pediatric inpatient units on Ellison 17 and 18, as well as the Pediatric Intensive Care Unit.

MGH 1811 MASSACHUSETTS GENERAL HOSPITAL

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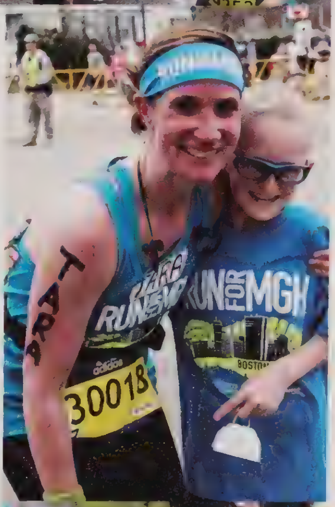
MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Marathon miles and sideline smiles

ON APRIL 17, individuals who dedicated months of training finally completed their 26.2 miles at the 2017 Boston Marathon. The Pediatric Cancer team fielded 102 runners this year and 41 runners participated as members of the Emergency Response team. Runners – each with their own unique motivation – reached their goal of $1.3 million for the teams, with steady donations still streaming in. Additional runners also supported hospital programs close to their hearts as part of the Miles for MGH Program – including Botswana Oncology Global Outreach, Caring for a Cure, cystic fibrosis, Down syndrome and the Lurie Center for Autism. ■



'Standing Up for Science'

"SCIENCE IS THE SCAFFOLDING, the power, the engine that drives society forward. It represents progress and knowledge and answers," said Peter L. Slavin, MD, MGH president, at an April 22 MGH rally where more than 400 staff, along with family and friends, gathered before the March for Science Boston. "Look around you at these buildings where care is being delivered, where research is under way, where scientists and caregivers are being trained. Science is healing our patients, relieving pain, restoring lives, offering health and hope. The MGH is science."

Several MGH groups – including the MGH Healthcare Advocacy Committee, Physicians for Policy Action and the Research Institute – organized the

(Continued on page 4)

MGH Stands Up for Science

SOLIDARITY AT THE STATE HOUSE: MGHers and supporters pause for a photo at the State House on their march to the Common.

04.28.17

Warren Triennial honors pioneer in cancer immunology

THE 2017 WARREN TRIENNIAL PRIZE – the most prestigious research prize awarded by the MGH – was presented on April 5 to James P. Allison, PhD, professor and chairman of Immunology at the University of Texas MD Anderson Cancer Center, in recognition of his leadership in the growing field of cancer immunology. This year's Warren Triennial events were combined with the annual Celebration of Science (see sidebar at right) for what Executive Committee on Research (ECOR) chair and chief of Pathology David Louis, MD, described as an "extraordinary day of science."

Allison's fundamental investigations of the immune system laid the groundwork for what he described as "this crazy idea of treating cancer while ignoring the cancer cells." His identification of the molecule CLTA-4 as an inhibitory checkpoint that suppresses the action of T cells led to the development of the first immune checkpoint inhibitors – drugs that circumvent the ability of cancer cells to hide from the immune system. While a clinical trial of the first of these drugs, ipilimumab, improved survival in patients with advanced melanoma, for a small group of patients treatment has extended survival to as long as 10 years. Today's challenges, he noted, include increasing the number of patients for whom immune checkpoint therapy is so successful and extending the approach to more types of cancer.

The Warren Triennial Prize was established to honor MGH founder Dr. John Collins Warren and is given every three years to scientific leaders whose work is expected to have a major impact on the future of medicine. Among the 73 recipients who have received the Warren prize since 1871, 23 have also received the Nobel Prize.

Also speaking at the Warren Symposium on Cancer Immunology, which was moderated by David Fisher, MD, PhD, vice chair of ECOR and chief of Dermatology, were Nir Hacohen, PhD, and Marcela Maus, MD, PhD, both of the MGH Cancer Center; Arlene Sharpe, MD, PhD, Harvard Medical School; and Glenn Dranoff, MD, Novartis Institutes for Biomedical Research. ■

EXTRAORDINARY DAY: From left; Peter L. Slavin, MD, MGH president; Allison; and Daniel Haber, MD, PhD, ECOR chair and director of the Cancer Center

Celebration of Science honors research award winners

THE ANNUAL Celebration of Science featured presentations by the winners of the hospital's top awards to MGH investigators:

Douglas MacArthur, PhD, of the Department of Medicine and the Center for Genomic Medicine, received the Martin Prize for Clinical Research for a *Nature* paper describing a data set of the protein-coding genes of more than 60,700 individuals.

Alexander Soukas, MD, PhD, of the Department of Medicine and the Center for Genomic Medicine, received the Martin Prize for Fundamental Research for his *Cell* paper describing the mechanism by which the diabetes drug metformin also prevents and suppresses cancer growth.

Mario Suvà, MD, PhD, of the Department of Pathology and the Center for Cancer Research, received the Goodman Fellowship to support his investigation into genetic differences between types of brain tumors.

Also announced at the event were the 2017 MGH Research Scholars:

- Galit Alter, PhD, Ragon Institute, Department of Medicine
- Andrew Chan, MD, MPH, Division of Gastroenterology, Department of Medicine
- Stephen Haggarty, PhD, Center for Genomic Medicine, Department of Neurology
- David Langenau, PhD, MGH Cancer Center, Department of Pathology
- Hakho Lee, PhD, Center for Systems Biology, Department of Radiology
- Anders Naar, PhD, Center for Cancer Research, MGH Cancer Center
- Richa Saxena, PhD, Center for Genomic Medicine, Department of Anesthesia, Critical Care and Pain Medicine
- Jennifer Temel, MD, Division of Hematology-Oncology, Department of Medicine

The program was founded in 2011 to provide five years of unrestricted funding through philanthropic support.

Take the challenge: Get fit and have fun

TO CELEBRATE MAY as Stroke Awareness Month, the MGH Neurology Department will launch a #30x30StopStroke challenge with a goal of getting as many staff as possible to exercise 30 minutes a day for 30 days to help prevent stroke, maintain and increase physical and mental well-being – and have some fun.

To participate in the #30x30StopStroke challenge, staff can download a tracking form on the MGH Neurology website. Departments are invited to form teams and start friendly competition among colleagues, or employees can participate as individuals. At the end of May, forms can be submitted to Erika McCarthy at *emccarthy15@partners.org,* and teams where every member completes the challenge will be entered to win a free tent rental/pool party (food not included) at the Clubs at Charles River Park (CCRP).

As part of the #30x30StopStroke challenge, the MGH will host several events throughout the month:

- 30-minute exercise class on the Bulfinch Lawn (time and date will be announced in May)
- May 9, noon – 1 pm, in the Maxwell and Eleanor Blum Center: "Stroke – Time is Brain," with Judy Clark, RN, BSN, Quality and Compliance nurse manager
- May 26, 8 - 9:30 am: 2017 MGH Acute Stroke Breakfast Gala at the Paul S. Russell, MD Museum of Medical History and Innovation

Staff also are invited to share photos of their exercise journey on social media, tagging Facebook *(www.facebook.com/MGHNeurology/)* and Twitter *(https://twitter.com/MGHNeurology)* pages. Photos submitted to McCarthy will be entered to win two personal training sessions with CCRP trainer Katie Morgis. ■

Nursing at MGH: In their own words

NURSES AT THE MGH are team players, motivators, caregivers for patients and for one another and are always willing go the extra mile to help others. In honor of National Nurses Week, May 6-12, *MGH Hotline* asked MGH nurses to describe their colleagues, their favorite part of being a nurse and what makes MGH nurses so special. Here is what they said:

WHAT MAKES MGH NURSES SO SPECIAL?

"MGH nurses are incredible team players and never settle for good enough. We push each other to raise the level of practice on a daily basis."

—Brian Cyr, RN, Medical

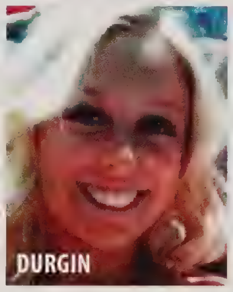
WHAT IS YOUR FAVORITE PART OF BEING A NURSE?

"My favorite part of being a nurse is being a part of the care team where nursing has a positive impact on each patient's recovery. A nurse's true compassion lessens patient suffering. We make a difference."

—Beth Anne Bowen, RN, Orthopaedics

"Being able to build a special relationship with each patient and family member and helping them through their difficult time."

—Brittany Durgin, RN, Radiation Oncology



"As I reflect on my practice, the moments that I find most rewarding are seeing patients with chronic illnesses that I have cared for from infancy to young adulthood return to visit and they are living joyful, productive lives."

—Patricia Mahoney, RN, PICU

"My favorite part of being a pediatric nurse case manager at MGH is ... the honor and privilege to collaborate with our teams to coordinate the pediatric populations discharge needs to return home and get back to their lives with their families!"

—Lisa M. Reynolds, RN, PICU

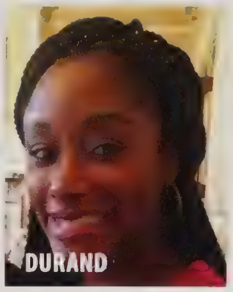
HOW WOULD YOU DESCRIBE YOUR NURSING COLLEAGUES AT THE MGH?

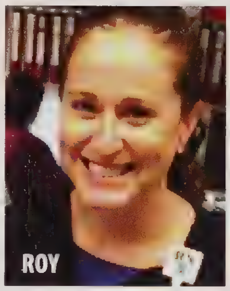
"They are compassionate, supportive, caring, empathetic, responsible and dependable. Not only do we take care of our patients, we take care of each other!"

—Ashley Barron, RN, Hematology/Oncology

"My nursing colleagues on Ellison 16 are dedicated, intelligent, resilient, compassionate, dependable and kind. It's been an honor and pleasure to work alongside them the past nine years."

—Stephanie Durand, RN, Medical



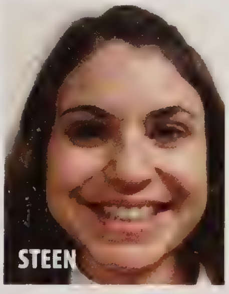


"My nursing peers are a constant source of motivation to me, always pushing me to advance my practice and improve the quality of care I deliver."

—Kate Roy, RN, Surgical

"The nurses of MGH are compassionate and fiercely dedicated to our patients and their families."

—Jasmine Elvira Duston, RN, Cardiac SICU



"I would describe my nursing colleagues at MGH as compassionate and conscientious, who are always willing to lend a helping hand or go the extra mile for patients, fellow nurses and anyone else on the care team.

—Adina Steen, RN, Outpatient Neurology

"As an MGH nurse one of the most poignant and exhilarating times while in the Emergency Department was the Boston Marathon Bombing on April 15, 2013. I was impressed with the professionalism, poise and grit that it took to take care of so many patients and coordinate their care all within a split second. The ability to move quickly, with compassion and excellent skills, helped all these patients."

—Michael Grasso, RN, Emergency Department

— Standing Up for Science

(Continued from page 1)

hospital rally where participants gathered for brief remarks, then marched together to the Boston Common to join thousands of other participants from across the state with the goal of uniting a diverse and nonpartisan group to celebrate Boston as a place for scientists and scientific research. Boston was one of hundreds of cities around the world that held marches this Earth Day. The events celebrated the discovery, understanding and sharing of scientific knowledge and championed publicly funded and publicly communicated scientific knowledge.

"MGH is a community of doctors, nurses, therapists and caregivers, dedicated to healing the sick," said event organizer Regina LaRocque, MD, MPH, Infectious Disease Unit. "We are a community of people from around the world, we are immigrants and children of immigrants, and we come together here at MGH for a common purpose."

Despite the rainy weather, MGHers filled the Bulfinch tents with high spirits and handmade signs. "We are here today because MGH is also a community of scientists. Science is the underpinning of the health care we provide and the lifeblood of our work," said LaRocque. "Today, we join with others from around Boston and the entire country to remind our leaders that science must shape public policy and inform the laws we enact. We are here today to show that science is a vital feature of a working democracy, spurring innovation and critical thinking."

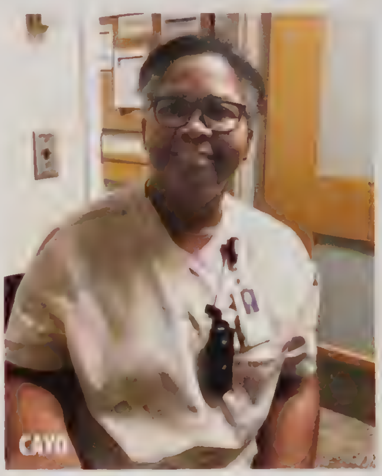
U.S. Rep. Stephen F. Lynch, who attended the MGH rally, said, "This is not the time to abandon public scientific research. Especially at a time in our world's history when countless breakthrough discoveries to lengthen life, to cure disease, to expand our boundaries have been made, we should not be backing down. We should be doubling our research efforts. This generation of Americans needs to be leading the world not just in military power, but in scientific research. This generation has a responsibility to lead in research and to share the benefits of that research across the world."

Following these remarks, the MGH group marched along Cambridge Street, past the State House to the Boston Common, joining the larger demonstration and celebration of science.

"Right now in a lab somewhere in this country – maybe even at the MGH – a scientist is following a hunch, probing an idea, figuring out a pathway that in 5, 10, 20 years will have a life-altering impact on thousands, maybe millions of patients," said Slavin. "We must make sure that our hospital, our nation and our society have the resources and the will to allow this nascent and promising idea to germinate, grow and flourish."

From career to college education

MARIE CAYO began working at the MGH in August 2011, as a patient care associate in the GI Endoscopy Unit. She came to the United States in 2001 as a native of Haiti. Education and professional development have always been goals for Cayo, and after she received her GED she knew she wanted to continue that path.



"When I started at MGH," says Cayo, "I sang, 'ALLELUIA! I found the way to go to college.'" During orientation, Cayo saw a flyer about a pre-college class, but with her schedule the timing wasn't right. A year later, with the support of her manager Jean Price, Cayo was able to adjust her schedule and participate in the Academic and Career Coaching programs. Through hard work she completed the MGH Pre College Reading and Writing and Pre College Math, and her goal to attend in college was within reach.

Cayo enrolled in Bunker Hill Community College in its Office Management Certificate program in the fall of 2013, and now is currently in her last semester. To help with the cost of the program, Cayo applied for and received the Support Service Employee Grant in 2013 and continued to receive the award after applying in following years. She hopes next to enroll in an associates program. "Take all the opportunities you can get," Cayo says. "It's never too late."

Applications for the 2017 MGH Support Service Employee Grant are being accepted through May 11 at 5 p.m. The grant is available to eligible non-exempt employees in administrative, clinical, service or technical support roles. For information about the grant, the Tuition Assistance program, upcoming financial aid workshops or the annual education fair, visit the MGH Training and Workforce Development website or email *MGHTraining@partners.org*. ■

Staying healthy and well: Women's health at midlife

WOMEN'S HEALTH CHAT: Candid conversations and questions dominated two hours of talk inside the O'Keeffe Auditorium on April 25, at the fourth annual Midlife Women's Health Community Conference. Educational topics included meditation for menopause-related health problems, pelvic floor and vaginal concerns and strategies for strengthening bones. Organized by Jan Shifren, MD, director of the Midlife Women's Health Center, the event was attended by more than 100 men and women. Pictured, from left; Emily Von Bargen, DO, OB/GYN; Caroline Mitchell, MD, OB/GYN; John Denninger, MD, PhD, Psychiatry; and Joy Tsai, MD, Endocrinology

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MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Talisman of healing

EACH PERSONAL journey is filled with challenges and milestones. May this gift continue to remind you of your own personal beauty and be a source of strength and healing to help nourish your soul along the way.

The small notecard is tucked into the teal organza gift bag, alongside a one-of-a-kind necklace, selected by an MGH patient before her first chemotherapy treatment to battle ovarian cancer. The touching memento is part of the Janet's Jems for Healing program, created and run by Lori Slavin, which honors her mother, Janet, who died from the disease nearly two decades ago.

"My mother had an eye for beautiful art and she loved jewelry," Slavin says. "This program allows me to honor her and feel closer to her, and it allows me to show patients that there are people who are rooting for them and it reminds them how beautiful they are. It's a talisman of healing and support, and I hope it reminds them of life as a 'normal,' beautiful person."

Slavin says she began making jewelry when she was in junior high school and in recent years sold her creations in various boutiques. "It got to a point where it just wasn't fulfilling," she says. "I wanted the jewelry – my art – to have more meaning."

(Continued on page 4)

TOUCHING TRIBUTE: Slavin displays one of her creations made with teal beads, representing ovarian cancer awareness.

SUCCESS STORIES: Research staff enjoy lunch on the Bulfinch stairs.

Research Staff Appreciation Day

DESPITE DREARY WEATHER, hundreds of MGH research staff at the main campus and in Charlestown Navy Yard enjoyed the annual Research Staff Appreciation Day lunch and ice cream celebration. The April 25 and 27 events – hosted by the Center for Faculty Development and Research Management – recognized and thanked staff members who provide direct scientific support to faculty investigators throughout the hospital. Research staff members – a community of more than 3,700 people – include technicians, technologists and study coordinators.

"The MGH research enterprise is so successful because of the thousands of people who support our work every day," says Sue Slaugenhaupt, PhD, scientific director of the MGH Research Institute. "We're happy to honor them on Research Staff Appreciation Day."

Attendees received giveaways and raffle prizes courtesy of the Research Institute.

Harry Orf, PhD, senior vice president for Research, recognized the attendees for their many contributions. "Research staff comprise fully one third of our entire research community and, through their diligence and dedication, are the mainstay of our research enterprise," he said.

Maurizio Fava, MD, director of the Division of Clinical Research, said the event is a way for the hospital to express its appreciation for this valuable part of the scientific community. "MGH is an institution that really values research and values everyone who is involved in research." ■

Down to the bones: How to spot and confront a silent ailment

"**MOST PEOPLE** will reach their peak bone mass between the ages of 20 and 30," says Joy Tsai, MD, of MGH Endocrinology. "While some amount of bone loss is expected with aging, it is important to identify if you have very low bone density so your doctor can make recommendations to help prevent broken bones. Osteoporosis is a silent disease."

Here, Tsai talks about the ways in which you can spot osteoporosis and better your bone health.

WHAT IS OSTEOPOROSIS?

Osteoporosis is a disease of decreased bone mass and strength leading to an increased risk of fracture (a broken bone). About 1 in 2 women and 1 in 4 men age 50 or older are expected to break a bone due to osteoporosis. It's important to obtain a DXA test to screen for low bone density. Much like checking a cholesterol blood level to screen for abnormal cholesterol levels, a bone density test is a helpful tool to screen for low bone density. We recommend you have a bone density test after age 65 if you are a woman, after age 70 if you are a man, or after age 50 if you are a woman or man who has had a fracture as an adult or have certain risk factors.

HOW DO YOU KNOW IF YOU ARE AT RISK FOR A BONE FRACTURE?

The main tool we use to assess bone health is the DXA test – or a bone mineral density test. It uses two different X-ray beams to estimate bone density in your spine and hip. There are also a variety of risk factors for fractures such as other medical conditions including diabetes, breast cancer and emphysema. Certain medications such as steroids can also increase your risk as can a family history of osteoporosis.

WHAT STEPS CAN YOU CAN TAKE TO IMPROVE BONE HEALTH?

Literally taking "steps" will help improve your bone health. Staying active with weight-bearing exercises, which may be as simple as walking, will help keep your bones strong. Additionally, adequate calcium intake is important since bone is mostly made up of calcium-containing mineral. If you already have osteoporosis, your doctor may recommend a prescription medication in additio to maintaining a healthy lifestyle with exercise and a calcium-rich diet. Lastly, avoiding falls is a good way to prevent fractures. You can talk to your doctor about various strategies to minimize the chance of falls.

For more information about the MGH Bone Density Center, visit *www.massgeneral.org/endocrine.* ■

TSAI

Two honored with Ellis Award

"**AT THE END** of the day it's about the patients, and that's why I do what I do every day."

These words were spoken by Rony Dieuseul, patient services coordinator in the Psychiatry Department/Bipolar Clinic and Research Program, who was one of two recipients of this year's Pamela J. Ellis Memorial Secretarial Award. Dieuseul received the award along with Salone Callender, patient services coordinator at MGH Primary Care Boston, at the April 26 Administrative Support Staff Day luncheon.

"Administrative Support Staff Day is a wonderful rite of passage in the spring calendar at the MGH," said Peter L. Slavin, MD, MGH president. "The people under this tent help us advance all four parts of our mission, and we quite frankly could not do it without you all. The invaluable work that you do makes the work of this hospital possible, and I thank each and every one of you for all that you do."

The award was established in recognition of the outstanding performance and values of Ellis, who served as an executive secretary at the MGH from 1992 – 1996, and honors MGH secretarial staff who exhibit outstanding qualities in their work. Seventy-one staff members were nominated for this year's award, and the complete list of nominees is featured in a framed plaque hanging on the wall opposite the MGH Gift Shop.

"I can finally hold up this award as a mark of my achievement," said Callender. "I get so much strength from my colleagues, family and patients, and I thank the MGH for being such a wonderful place to work."

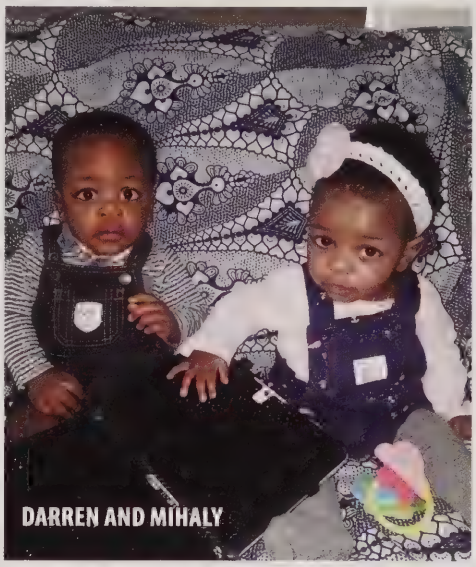
CALLENDER AND DIEUSEUL

Infant intervention: Saving Mihaly

BEFORE THE BIRTH of their twins, Rose and Emmanuel Oge had a shock. Prenatal ultrasounds and an MRI showed one baby may have an intestinal blockage, however a definitive diagnosis couldn't be determined until birth. When Mihaly and her brother, Darren, were born five weeks premature, the diagnosis was confirmed: Mihaly's abdomen was swollen – a clear sign of internal pressure.

Additional tests showed twisted intestines – a potentially life-threatening condition – and hours after her birth Mihaly was rushed to the operating room. "Our doctors did their best to explain what was happening, but I couldn't grasp an operation the day after their delivery," says Rose. "We were just overwhelmed."

Allan Goldstein, MD, surgeon-in-chief and director of the Pediatric Neurogastroenterology Program at MassGeneral Hospital for Children, diagnosed the newborn with jejunal atresia. This rare disorder is caused by lack of blood flow while the small intestine is developing, which results in a lack of connection between the upper small intestine and the lower small intestine, colon and rectum. Mahily's intestine also was wrapped around itself and prevented blood flow to the bowel, a condition called midgut voyulus.



DARREN AND MIHALY

The combination of jejunal atresia and midgut volvulus left Mihaly at risk of losing all of her small intestine and without the ability to digest food.

Mihaly underwent a second operation at 7 weeks old to lengthen her bowel. Without the elongation procedure, she may have had difficultly surviving without intravenous (IV) nutrition throughout her life.

"A typical infant of Mihaly's age would have roughly 160 cm of intestine," says Lauren Fiechtner, MD, director of nutrition in Pediatric Gastroenterology and Nutrition and the Center for Feeding and Nutrition. "So she struggled to absorb enough nutrients from her mother's breast milk to grow. She needed a tube to feed her IV nutrition in addition to her mom's breast milk."

This treatment remained until she was 5 months old, when she finally was able to grow without the IV support.

As Mihaly continues to mature, so will her treatment needs. Mihaly now continues to receive her care at the MGH Center for Feeding and Nutrition to closely monitor how her intestine is processing nutrition while increasing the amount of food she eats.

"We're accepting things now and I feel more educated thanks to Dr. Fiechtner and MGH," says Rose. "I have the courage to do my own research to learn as much as possible. We're learning how to cope with her needs." ■

Phone phishing: Don't stall, report that call

EMAIL ISN'T THE ONLY place where criminals go phishing for sensitive information. According to the MGH Office of Privacy and Security, criminals also use the telephone (phone phishing). All staff all have the potential to be targeted, and need to be alert.

WHAT IS PHONE PHISHING?

In phone phishing, callers pretend to be a trustworthy source (ex: Partners IS Service Desk, HR, a bank, etc.) to try and trick you into giving away sensitive information over the phone like usernames, passwords, financial and personal information, answers to security questions, etc. If you get phished, you may become a victim of identity theft, attackers could gain access to devices and the hospital's network, and confidential information can be exposed.

HOW CAN I PROTECT MYSELF?

- Never respond to requests for personal/financial information through the phone.
- Always be suspicious of a caller asking you for access or asking you to enter anything into your internet browser.
- Remember the Partners IS Service Desk will not randomly call you unless you've opened a ticket with an issue.

WHAT DO I DO IF I RECEIVE A PHONE CALL THAT SOUNDS LIKE A PHISH?

Don't stall, report the call. If you are suspicious or don't know a caller or number, ask the caller for their name and callback number, hang up, and report the call (the caller's number, the caller's name and the caller's story) to *nospam@partners.org* or to the IS Service Desk as a phone phish.

QUESTIONS?
CONTACT THE PRIVACY OFFICE:

Email: *mghprivacyandsecurity@partners.org*
Call: 617-726-1098.

DON'T STALL, REPORT THAT CALL.

Be aware of phone phishing scams.
Always hang up and report any suspicious callers/ numbers to the IS Service Desk.

To learn more, contact your Information Security or Privacy Officer

Excellence and excitement

THE MGH CELEBRATED the achievements of its staff during the annual Partners in Excellence Ceremony April 27 under the Bulfinch Tents. A total of 1,705 MGHers were recognized, representing 273 individual awards and 68 team awards. Recipients were commended for their work in one of six areas: quality treatment and service, operational efficiency, leadership and innovation, teamwork, community contributions and sustainability.

"On behalf of the MGH, I thank each and every one of you for your part in ensuring we fulfill our promise to our patients and their families, by providing the most excellent care possible, educating the clinicians of tomorrow, discovering the cures of tomorrow and taking care of our neighboring communities," said Peter L. Slavin, MD, MGH president.

For a full list of honorees, visit *apollo.massgeneral.org.*

FULFILLING PROMISES:
Members of the Addiction Consult and Bridge Clinic Team

— *Janet's Jems*

(Continued from page 1)

In October 2015, Slavin turned to her husband, Peter L. Slavin, MD, MGH president, who suggested she reach out to Jeanette Ives Erickson, RN, DNP, chief nurse and senior vice president of Patient Care Services. "Lo and behold, within a few days, we brainstormed this program," Slavin says. "The nursing staff has been really remarkable in first helping get the program started and now giving out the necklaces to patients when I can't be at the hospital."

Since its inception, Slavin has provided 60 pieces of handmade jewelry to ovarian cancer patients when they come to the MGH for their first chemotherapy treatment, as well as to other patients who participate in the Look Good, Feel Better program – a monthly class offering beauty techniques for patients with cancer. Starting this month, Slavin plans to expand the program by visiting patients who are receiving treatment in the infusion unit.

"The necklaces are inspirational," says Kathleen Gill-Bazazi, manager of Images. "They are so unique – some are bright and bold and others are simple. Patients find one that matches their personality or that they think will bring them added strength to get through treatments. Lori coming in and sharing with them how cancer touches everyone's lives and explaining this program is a way to provide beauty and healing to them – it's really special. It cheers them up."

Slavin hopes to grow the program to reach 120 patients annually. "I feel so honored to be able to do this," she says. "I feel like my mother is here with me and it keeps her spirit alive. I get to pass her love of creativity and her love for life forward to someone else. It's really special."

Study helps smokers quit, and never look back

LIKE SO MANY previous monumental moments in her life, Ellen Czahar, assistant and surgical coordinator in the MGH Orthopædics Department, wanted to document it with a snapshot. The empty pack of cigarettes marked the last pack she would smoke as she embarked on a happier, healthier way of life.

"I smoked two packs a day," says Czahar, who smoked for 41 years. "I was a big smoker. Back then, it wasn't a bad thing and once you figured out that it was, it was too late. I was convinced that I was going to smoke until I died of lung cancer."

Over the years, she tried to quit – albeit half-heartedly, she admits. It wasn't until respiratory issues in the winter and a persistent cough began to terrify her to the point that she thought of seeking help. "Then an email blast came out about a smoking cessation study," Czahar says. "And I didn't delete it."

She looked at the email again a few days later, and again for a third time. "Then I thought, 'If you don't do it now – you won't ever do it.'"

Czahar reached out to the Partners in Helping You Quit (PiHQ) research study, led by Nancy Rigotti, MD, director of MGH Tobacco Research and Treatment Center. Open to Partners HealthCare employees, the study provides coaching and medication – available with no co-pay to those enrolled in Partners health insurance – to help smokers cut down on or quit smoking. Smokers who join the PiHQ research study are randomly assigned to one of two programs, both of which provide a personal tobacco coach and offer help that is private, confidential and tailored to employees' needs. The study tests which program is most effective in helping employees quit smoking.

With the help of her coaches, Czahar mapped out a treatment plan and picked a quit date – Dec. 18, 2016. She finished the pack of cigarettes she had and took the photo of the empty container before throwing it in the trash. "That was it," she says. "I never looked back. I won't say it was easy – but it wasn't hard. Being ready to stop smoking was probably the most important part because once you make up your mind and do it, it makes it easier."

Czahar says being a PiHQ study participant was instrumental in her being able to stop smoking and continues to be smoke-free, now five months later. "They are always there for you – either by email or phone," she says.

For more information about the PiHQ research study, call 617-724-2205 or email *PiHQ@partners.org.* ■

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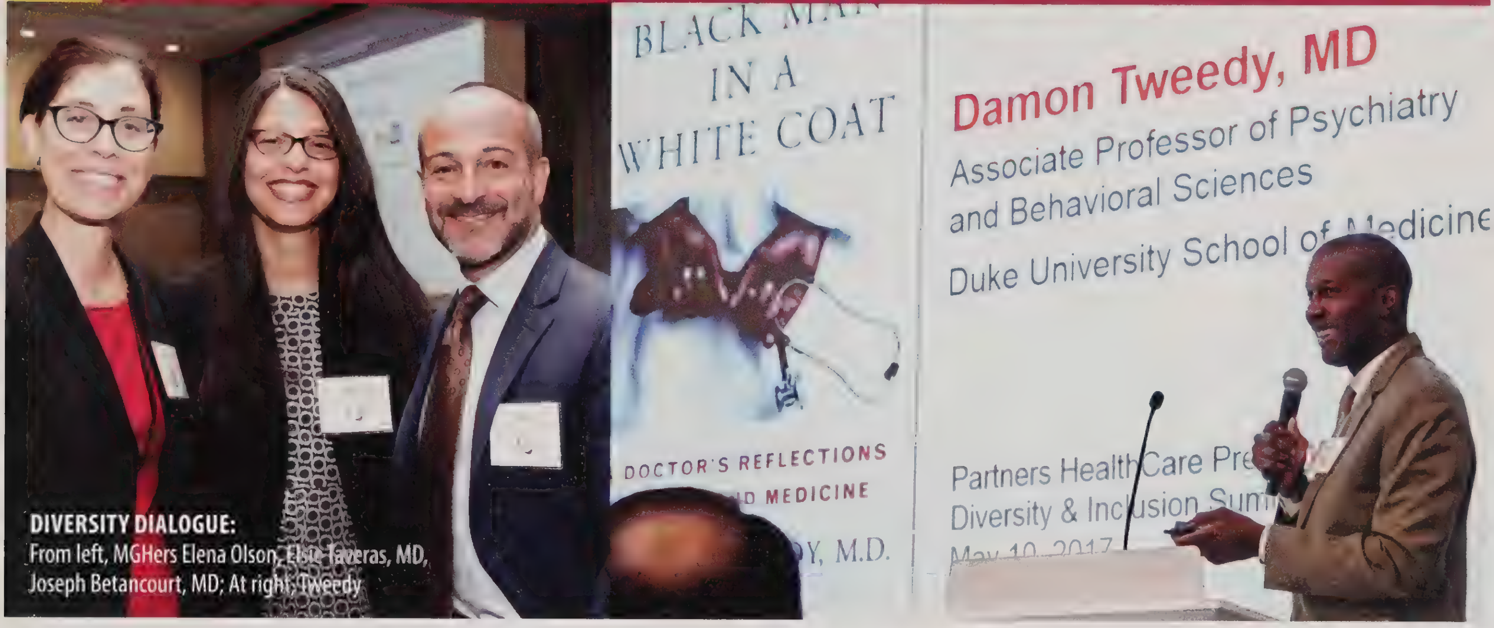

DIVERSITY DIALOGUE: From left, MGHers Elena Olson, Elsie Taveras, MD, Joseph Betancourt, MD; At right: Tweedy

‘Many Perspectives, One Community’

“OF ALL THE FORMS OF INEQUALITY, INJUSTICE IN HEALTH IS THE MOST SHOCKING AND THE MOST INHUMANE.”
— Dr. Martin Luther King Jr., 1966

NEARLY 300 individuals from across Partners HealthCare gathered May 10 for the first Diversity and Inclusion Summit, aimed at building and strengthening relationships across the institutions to help support and align the vision and goals of the entire system. The daylong “Many Perspectives, One Community” conference featured guest speakers, engaging discussions among participants, and remarks from senior leadership.

“There are 270 of us here in terms of perspectives – but we are one community,” said Dani Monroe, chief Diversity and Inclusion Officer at Partners. “We can become a stronger community as we begin to build a common language around diversity and inclusion efforts and as we work to create a vision statement and one goal for

(Continued on page 4)

Remember, honor and respect

IN RECOGNITION of May as National Military Appreciation Month, the MGH Military Veterans Partners group (MGH MVP) is honoring Gold Star families with a Fallen Warrior table display outside Eat Street Café today through May 29. The U.S. Department of Defense issues Gold Star lapel pins – featuring a gold star on a purple circular background – to immediate family of service members killed in the line of duty.

“You may have seen it as a pin, license plate or flag but for the families, the sacrifice and loss are the same,” says Angela Wynder, RN, BSN, of MGH Case Management and co-founder and president of the MVP. “Each of these families had a family member that did not return home and gave the ultimate sacrifice. It is a long-standing military tradition during celebrations or holidays to set a table to honor those servicemen and women who were killed in action, who are prisoners of war and for those listed as missing in action. They are unable to be with us, so we remember them through the many symbols at this table.”

According to Christine Cugini, of MGH Development and a member of MVP, the history of the

(Continued on page 3)

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Research*Roundup*

***RESEARCH** at the MGH is interwoven throughout more than 30 departments, centers and units, and is conducted with the support and guidance of the MGH Research Institute. The Research Roundup is a monthly series highlighting studies, news and events.*

ADHERING TO TREATMENT DURING ADOLESCENCE KEEPS HIV-POSITIVE YOUTH ON HEALTHIER TRACK

As youth who were born with HIV – or who acquired it shortly after birth – continue to live longer lives, researchers want to investigate how these individuals have fared in managing their condition in order to improve long-term treatment and care.

A recent MGH study of 1,400 individuals age 7-30 years old who were born with HIV found that teens and young adults are more likely to have a difficult time managing their condition than they did as younger children. Those who had good HIV control generally experienced good overall health outcomes, while those who had poor HIV control – meaning higher levels of HIV virus and lower levels of CD4 immune cells – had more physical and mental health conditions, a higher incidence of health complications, and a greater risk of death.

"We need to act to strengthen services for youth," says Anne Neilan, MD, MPH, of the Division of Infectious Diseases and the Medical Practice Evaluation Center, who led the study. "That might include youth-friendly services that consider the substantial stigma many of these patients face, novel approaches to antiretroviral therapy delivery and improving support for youth transitioning from pediatric to adult health care providers."

Andrea Ciaranello, MD, MPH, of the Division of Infectious Diseases and the Medical Practice Evaluation Center, was senior author of the study.

MISSING GENES POINT TO NEW DRUG TARGETS

The human genome project provided a parts list of genes, about 18,000 in number. Now, researchers are studying what it means to be missing a part.

In an analysis of the genomes of 10,000 research participants, Sekar Kathiresan, MD, director of the Center for Genomic Medicine, and his research team at the MGH and the Broad Institute found 1,300 genes that were inactivated in at least one participant. For example, several individuals were missing a working copy of the APOC3 gene, and as a result these individuals had lower blood levels of fats and were protected from heart attack. Such examples help us understand the function of a gene in humans and also point to new drug targets.

This study sets the stage for an ambitious "Human Knockout Project," a systematic effort to understand gene function by identifying and characterizing humans who naturally lack a gene. ■

TRUE COLORS: Jacqueline Collins, RN, clinical nurse specialist, shares a laugh during the event.

Day of thanks, lifetime of gratitude

IN HONOR OF National Nurses Week, Tim Quinn, celebrity makeup artist and national director of Creative Artistry for Giorgio Armani Beauty, visited the MGH's Lawrence House for the sixth year to provide makeovers for Cancer Center nurses. Quinn is a cancer survivor who was treated at the MGH 10 years ago. Despite his busy schedule – one that had him in New York the night before the event and in Los Angeles the next day – Quinn returns year after year to show his appreciation for the care he received. "This truly is my favorite day of the year, one that I would never miss," said Quinn. "Unfortunately cancer touches everyone. Coming to the Cancer Center to celebrate these nurses is my passion."

This year's event was one of the largest to date, with more than 100 nurses receiving makeovers. They also took home a "swag bag" full of goodies, T-shirts, and were eligible to enter a raffle for a makeup gift box. The 12 makeup artists who joined Quinn volunteer their time, and a number of them said the daylong event was extremely personal as they also have been treated for cancer at the MGH.

"This is an amazing group of amazing nurses," said Yolanda Adames-Perperas, account executive for YSL-Armani Beauty, who was reunited with her physician Nancy Tarbell, MD, of Radiation Oncology, during the Armani event. "Every year this gets bigger and bigger, and these remarkable nurses walk out looking so fabulous. This is the very least we can do for them to walk out with a beautiful smile."

Simply the best

NEW ENGLAND PATRIOTS wide receiver Chris Hogan made a surprise appearance during the annual Nurses Week address by Jeanette Ives Erickson, RN, chief nurse and senior vice president of Patient Care Services.

Hogan thanked nursing staff for all they do every day for their patients and families. He also acknowledged that – while MGH nurses are "simply the best" – the Patriots organization wanted to ensure Ives Erickson dressed the part. Hogan presented her with a personalized New England Patriots game shirt, emblazoned with No. 20, in honor of her 20 years as chief nurse at the MGH. Without skipping a beat, she put on the jersey and wore it as she delivered the remainder of her remarks.

Over the course of the week, lectures and sessions were hosted to celebrate national Nurses Week and the dedicated nursing staff at the MGH. Events each day were focused on themes of quality and safety, education and research, leadership and experience in the field.

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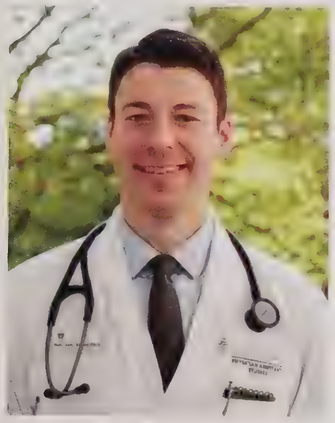
Profiles in Education: *Mark Andrew, PA student*

This profile is the first in a series designed to highlight the importance and impact of the hospital's teaching mission and the work of the MGH Executive Committee on Teaching & Education (ECOTE).

Mark C. "Andy" Andrew, a student in the MGH Institute of Health Professions' new Master of Physician Assistant Studies program, shares his experiences in the classroom and clinical setting.



WHY DID YOU CHOOSE THIS AREA OF STUDY, AND WHAT IS YOUR ULTIMATE GOAL UPON COMPLETION?

I chose to join the physician assistant (PA) field because I worked with PAs during my prior health care experience, admired what they did and aspired to perform that role on a similar team. My ultimate goal upon completion of the MGH Institute of Health Professions PA Program is to administer the best medical care to every patient, using the tools I learned during my rotations at the MGH.

WHAT WAS SOMETHING NEW YOU LEARNED IN THE PAST WEEK? HOW DID IT MAKE YOU FEEL TO LEARN SOMETHING NEW?

Every day of physician assistant school is a chance to learn. This past week, I learned about the unique clinician-patient relationship established in family medicine. At the MGH Everett Family Practice, patients form a bond with their medical provider that promotes long-term health based on a longitudinal knowledge of the patient's medical history. I realized how much the patients appreciate their relationship with MGH Everett staff and the continuity of care they receive. It is an honor to learn from these highly-respected clinicians who are so respected by their patients.

HOW HAS YOUR LEARNING EXPERIENCE BEEN AFFECTED BY MGH TEACHERS, STAFF AND OTHER ROLE MODELS?

Throughout my rotations at the MGH, I am continuously impressed with the expertise and professionalism of the teachers, staff and role models. The faculty at the MGH Institute of Health Professions are respectful and they offer excellent mentorship to the students. All my MGH preceptors were incredible. Each rotation brought opportunities to learn from qualified clinicians with years of experience. My preceptors each acted as role models during my rotations and contributed greatly to my career. Every staff member I came across contributed to my education and was patient to answer any questions. During my time at the MGH Cardiac Surgery Intensive Care Unit, for example, the entire staff provided a welcoming experience and often spent extra time teaching me about why they chose a particular treatment.

WHEN PATIENTS HEAR THE WORDS "TEACHING HOSPITAL," WHAT DO YOU THINK COMES TO MIND? WHAT DOES IT MEAN TO YOU TO LEARN AT A TEACHING HOSPITAL?

A teaching hospital is an environment where the next generation of health care providers develops into professional clinicians. I know it can be intimidating for patients to know a student is present or performing a procedure. I try to address that concern and assure patients that all students are trained and evaluated on procedures prior to performing the same procedure in the hospital. Even after the applicable training, there are protocols in place to ensure a student is always supervised as they gain greater autonomy. This sequence of growth promotes patient safety and allows for an optimal learning environment. This structure is reassuring because it gives me the confidence to do the procedure properly every time.

WHY IS THE MGH'S COMMITMENT TO EDUCATION IMPORTANT?

MGH's commitment to education ensures tomorrow's health care providers are well prepared to care for the population. The MGH offers students and residents a unique opportunity to practice in one of the world's elite hospitals and learn from the best. Educating the next generation of clinicians is important, and it is only one of the many reasons the MGH continues to lead the world in medicine.

To nominate learners or educators – from any profession and any career stage – mail Andrea Paciello, executive director of Teaching & Education, at *apaciello@partners.org*. ■

— *Remember, honor and respect*

(Continued from page 1)

Gold Star dates back to World War I, when families would display a flag with a blue star for every member of their family serving in the armed forces. The blue star was covered with a gold star if the service member was killed or was injured and subsequently died from those injuries. Gold Star Mothers was organized in 1929, and Gold Star Wives began before the end of World War II.

Margaret Caldwell, RN, staff nurse at the MGH and Gold Star Wife, whose husband Sgt. Charles Caldwell was killed in Iraq in 2003, says it is important for people to know the meaning behind the gold star. "One thing I think people don't understand about gold star families is that grief triggers are everywhere," Caldwell says. "It's not just birthdays and Christmas that are hard, but also Memorial Day, Veterans Day and especially July 4. Those who know my story can't understand how hard July 4 is for me. People are celebrating freedom – Gold Star Families know what freedom costs in actual terms. Listening to the national anthem brings me to tears. I hope the American people appreciate their freedoms. July 4 isn't just about backyard barbecues."

The MGH will honor Caldwell along with other Gold Star family members as part of its tribute:

- Kelly Reed, Gold Star Mother.
  Son Ethan Louis Goncalo, Afghanistan, 2010
- Amanda Woitowicz, Gold Star Family member.
  Brother William Woitowicz, 2011.
- Victoria Baron, Gold Star Family member.
  Nephew PFC Paul Conlon, Afghanistan, 2008
- Kate Miley, Gold Star Family member.
  Brother-in-law Scott Miley, 2010.
- Jean Pijanowski, Gold Star Family member.
  Brother George Gottawald, Vietnam, 1968
- Linda Mae Small, Gold Star Family member.
  Uncle Wallace Leonard Oldford, Army Air Corp, WWII
- Heather Johnson Nartowicz, Gold Star Family member.
  Uncle, Vietnam.

For more information, email *MGHVETpartners@partners.org*.

— Diversity

(Continued from page 1)

the organization to focus on. We must keep this conversation moving forward to support a continued diversity dialogue."

During the session, David F. Torchiana, MD, president and CEO of Partners, commended the event's organizers and said the summit marked a milestone for Partners. "This is one of our first steps to acknowledge the interconnectedness of patient care, organizational structure, workforce dynamics, and diversity and inclusion," he said.

Joe Cabral, chief Human Resources Officer for Partners, encouraged attendees to share their hospital's successes and struggles during discussions about diversity and inclusion efforts. "I want you to challenge yourselves and challenge others," he said. "I want you to bring your whole self to the table and to bring your whole self to work every day."

Damon Tweedy, MD, associate professor of Psychiatry and Behavioral Sciences at Duke University School of Medicine, spoke about his personal reflections on growing up in a segregated neighborhood in Maryland, his experiences on the path to becoming a physician and the contrast between the black patient and black medical provider populations, both regionally and nationwide. Tweedy also shared excerpts from his memoir, *"Black Man in a White Coat: A Doctor's Reflections on Race and Medicine."*

Sukhvinder S. Obhi, PhD, associate professor at McMaster University in Ontario, Canada, delved into the topic of power in diverse social contexts, highlighted the importance of building and strengthening community, and outlined the importance of recognizing individual unconscious biases. "Implicit biases can't be changed," he said. "They happen despite our best intentions. We need to be aware and engaged and be mindful of how biases may be affecting our thoughts and behaviors."

The summit also featured David H. Jackson, PhD, a partner at Mercer, who summarized trends in hiring, promoting and retaining diverse employees and how companies can more effectively examine, address and increase opportunities for these staff members in order to enhance innovation and growth overall.

"Our organization can only move forward – and get better – if it has new ideas and is open to listening to those ideas," said Peter Markell, Partners executive vice president of Administration and Finance, CFO and Treasurer. "Tapping into our entire community will help with those ideas, and it will drive success in the future." ■

Finding your people

"I SHOULD HAVE checked in, should've called someone. You need that team of supporters. Don't isolate yourself. It's about finding your people," said Todd Rinehart, LICSW, of the Palliative Care Division, recalling an experience after the loss of one of his patients.

Rinehart was one of four speakers who shared their experiences with loss at the May 8 Schwartz Center Rounds for the Primary Care Community, "Who is Caring for Us? Clinicians' Experience of Loss."

"The whole idea of the Schwartz Rounds is to talk about our experiences with patients we've worked with," said Karen A. O'Brien, MD, of the Palliative Care Division and Schwartz Center Rounds chair. "This year, we think about losses we all experience – the loss of patients, loss of friends, loss of family, loss of colleagues. It's a lot to process and we as clinicians don't always take the opportunity to reflect upon the loss."

Panelists shared various ways they cope with loss and how they pay tribute to and remember their patients and families – including sending weekly bereavement cards, holding memorial services, and venting and supporting each other. The main coping strategy that each speaker noted: finding people to support them and not keeping the grief to themselves.

"Loss is universal and we need to acknowledge those losses," said O'Brien. "We lose a part of ourselves and I don't think it's always easy to keep going with the same passion."

Attendees were invited to text the name of someone they've recently lost, and a name collage appeared on the screen as a way to remember them. At the end of the Rounds, a bouquet of flowers was assembled to be placed in the chapel – another way to pay tribute to loved ones, colleagues and patients.

"These rounds are unlike any of the other grand rounds that happen here at the hospital," said Barbara Moscowitz, MSW, LICSW, geriatric social worker and Schwartz Rounds facilitator. "The Schwartz Center is devoted to doing everything possible to strengthen the bond between caregivers and patients. This gathering today gives us the opportunity to speak about these experiences and feelings to be able to help others cope with loss."

The Schwartz Center Rounds are provided with support from The Schwartz Center for Compassionate Healthcare and The John D. Stoeckle Center for Primary Care Innovation.

STRONG BOND:
Panelists and planners join together at the event.

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MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

JONNY KIM
RESIDENT PHYSICIAN
MASS. GENERAL HOSPITAL
LOS ANGELES, CA
ASTRONAUT CANDIDATE
NASA
NASA

PHOTO CREDIT: NASA

Reaching for the stars: MGHer selected as astronaut recruit

JONNY KIM, MD, a resident physician in the combined MGH-BWH Harvard Affiliated Emergency Medicine Residency program, has been named to NASA's newest class of astronaut recruits. Kim – a former U.S. Navy SEAL, a 2012 Tillman Scholar and a 2016 graduate of Harvard Medical School – joins a class of 12 individuals who were selected from a record-breaking pool of more than 18,300 applicants.

According to NASA, Kim and his fellow recruits will spend two years at the Johnson Space Center in Houston, Texas, studying spacecraft systems, spacewalking skills, teamwork, Russian language and other critical skills before possible assignment to a variety of missions, including those in low-Earth orbit or further into space. NASA requires its qualified astronaut candidates to have a bachelor's degree in engineering, mathematics, biological or physical

(Continued on page 4)

Honoring Operations Support Staff

DESPITE RAINY WEATHER and having the heat turned on in the Bulfinch tents in June, nothing could dampen the enthusiasm of staff who enjoyed food and celebration June 6 during the 15th annual Operations Support Staff Day.

"If you have ever wondered how this large, busy academic medical center runs like a well-oiled machine, the hard work and dedication you show every day is your answer," said Peter L. Slavin, MD, MGH president.

During the event – hosted by Human Resources to honor more than 4,500 dedicated operations support staff – attendees also applauded the 41 employees nominated for this year's Ricardo Diaz Memorial Award, given in honor of a Buildings and Grounds employee who died in an accident while plowing snow at the MGH in 2003. "Ricardo made those around him appreciate their own hard work and feel good about themselves," said Sally Mason Boemer, senior vice president of Administration and Finance. "He served as a role model to others, helping his teammates realize they were part of an extraordinary family."

TRUE REFLECTION: Michelman with Mendez

Bonnie Michelman, director of Police, Security and Outside Services, said the award presentation was especially poignant as this year's recipient, Ambassador Rolando Mendez, knew Diaz well and exhibits many of his fine qualities. "Rolando is always welcoming, friendly, professional, compassionate and caring to all who he comes across," she said. "He has a strong work ethic and naturally loves to help people."

His hard work, caring attitude and dedication to being a true reflection of what the MGH stands for was cited in nominations that came from six different departments, Michelman said.

After receiving the award, Mendez said, "I'm very humbled. I was very surprised when they told me I had won. Hearing what people wrote about me was really touching, and I was choked up listening to it. I knew Ricardo Diaz when I was in Buildings and Grounds, so it's a real honor and privilege to receive this award in his name."

Mendez, who has worked at the MGH for the past 28 years, said it's hard to believe almost three decades have passed since he first came to the hospital. "It goes by so fast – when you do something that you truly love, time flies right by. It doesn't feel like work, it just feels natural when you are helping people. It's a total privilege, and I love my job."

Delivering the highest standards of care

IT WAS A NORMAL February day for Anne Hanley, NP, 64, at Pediatric Health Care Associates in Lynn. Around lunchtime, however, things took a turn for the worse. Hanley was talking with a co-worker when she felt two very sharp points of pain in the left side of her head. Shortly after her co-worker left, Hanley sat back in her chair. She couldn't speak.

Hanley toppled out of her chair and couldn't move her right side. Her co-worker returned and immediately called 911, noting the right side of Hanley's face was drooping.

"I remember first being at North Shore Medical Center in the Emergency Room and miraculously both of my kids had gotten there very quickly," Hanley said at the Acute Stroke Breakfast Gala last month. "My younger son kept turning his back to me and to the side and he was sniffling. He's 31. I really tried to comfort him with my left hand and my eyes, but that was difficult because I couldn't talk to him."

After several tests and evaluations, a neurologist at North Shore Medical Center (NSMC) concluded that Hanley was having a stroke. Tissue plasminogen activator (tPA), a blood-clot-busting medicine, was administered by 2:30 pm, however part of the clot remained. That's when NSMC called the MGH Stroke Service.

An innovative program developed between NSMC and MGH allows specialists to expedite the transfer of patients with severe stroke, like Hanley's, directly to the MGH operating room. There, the remaining blood clot can be removed from the brain by experts from the acute stroke interventional team.

About 90 minutes later, MedFlight arrived to bring Hanley to the MGH, where she arrived at 4:36 pm. "I was literally whisked away," she said.

After a brief discussion between the Stroke Service and Neuroendovascular Service, the team determined Hanley needed a thrombectomy to remove the blood clot that was still blocking a major artery in her brain.

Hanley's procedure was finished by 5:30 pm. Four days later – after more evaluations, physical therapy and occupational therapy – she was discharged from the hospital with a recovery plan in hand. A total of 24 specialists were involved in Hanley's care during her stay at the MGH.

"This case beautifully captures everything that can go well," said W. Taylor Kimberly, MD, PhD, associate director of the Neuroscience Intensive Care Unit, who was the attending physician when Hanley arrived at the MGH. "I feel privileged to play a part of a larger team that together really made something special happen."

The MGH Acute Stroke Service celebrated the success of Hanley's case at the fifth annual Acute Stroke Breakfast Gala on May 26, which honors the MGH Stroke Service and its commitment to excellence.

Additionally, the unit highlighted its goal of becoming a Joint Commission-certified Comprehensive Stroke Center – the first of its kind in Massachusetts.

"For years we have provided comprehensive care to our complex stroke patients," said Natalia Rost, MD, director of Acute Stroke Services at the MGH. "Throughout the last year, we have come together as a robust multidisciplinary community of professionals dedicated to delivering the highest standards of care by forming the MGH Comprehensive Stroke Care Program."

Lee H. Schwamm, MD, executive vice chair of Neurology, emphasized the importance of celebrating his team's hard work and reflected on the department's commitment to delivering the best care possible.

"These celebrations are very important," he said. "We don't take enough time to reflect on not just the incredible commitment of the people who work at this organization, but what we can accomplish. Every single patient whose life we save, and whose functional ability we preserve, is why we come to work every day."

Hanley returned to work just one month after her stroke and – although she experienced some memory and speech issues – she said she's doing much better.

"I want to thank every one of you for the wonderful care," Hanley said. "From the EMTs, to the ER staff at NSMC, to the interventional doctors, to MedFlight, to all the specialists and techs who did my evaluations and tests, and special thanks to the nurses and doctors for all that you did and all that you do. It was truly amazing how I could have a stroke and get such speedy treatment, and be just fine."

COMMITMENT TO EXCELLENCE: Hanley, at center, with her care team

An uncommon journey

GROWING UP in Jamaica as one of eight children, O'Neil Britton, MD, didn't think he one day would be chief medical officer and senior vice president at a major academic medical center. Yet despite many struggles and challenges throughout his life, that is exactly what he did. Britton shared his story, "An Uncommon Journey," at this year's ninth annual Nancy J. Tarbell, MD Faculty Development Lectureship Series, sponsored by the MGH Center for Faculty Development. The lectureship provides faculty with leadership insights and perspectives to help them with their own career trajectories.

BRITTON

"As I share pieces of my journey today, I'm going to speak to the developing years and how they affected me," said Britton. "Though I consider mine an uncommon journey, it does speak a little to the story of the American dream."

Britton grew up in a middle-class family in Kingston, Jamaica. He spoke of the extreme violence, sexism and colorism that are a part of the country but also spoke of the extraordinary music, culture and paradise that Jamaica embodies. "Because of neglect and severe poverty in the country, it leads to high violence and killings," he said. "Yet you also will see the smile and sparkle in the people's eyes when they greet you. You feel the vibrancy. The Jamaican people want to be warm and engaging."

For many years, Britton's mother wanted to move the family out of Jamaica. They finally were approved to leave and moved to Queens, New York at first – where his entire family lived in a one bedroom apartment. "We were doing menial jobs, but we had our own income and controlled our own destiny."

After Queens, Britton and his family moved to Bedford-Stuyvesant, a poor, working-class neighborhood in Brooklyn. He spoke of the urban development in the area where he lived – driven by early federal housing policies that created a racial divide – and how racism plays out on the map, the persistence of wealth gaps that still exist today and stereotypes that he has faced throughout his entire life and career. "Even with the best intent, when you are doing the best job, people will still see you in a certain way," said Britton.

He held numerous jobs throughout his life – janitor, cab driver, bouncer, tutor. It was only once he went to college that he realized he could use his brain rather than his brawn. "I never had a title in mind, I just knew I wanted to be part of the change and influence the outcome. I am interested in providing access to all patients, and I believe in health care's ability to change the world."

Said Britton, "Sometimes you will fight the opportunity given to you. Things will work out – sometimes you just can't see it in the short term. I am far from having it all figured out, but I welcome the challenges of my position at the MGH and the great opportunities that I will face here." ■

A return to the NICU: Positive moments with a personal touch

BECOMING A PARENT can be overwhelming. Sleepless nights, developing a new routine and learning an infant's needs can lead to anxiety and stress. For children with unexpected health complications, parents' worry only multiplies. That was the case for Mary and Michael Memmolo.

On May 29, 2013, their daughter, Maggie Rose, was born at MassGeneral Hospital for Children (MGHfC) with Meconium Aspiration Syndrome – a condition that occurs when meconium, an infant's first stool, gets into the lungs during or before delivery. The newborn spent the next 45 days in the Patty Ribakoff Neonatal Intensive Care Unit (NICU).

Mary, Michael, and their older daughter Skyla, never left the baby's side. "It was a stressful and lonely time for us," says Mary. "It was also confusing and hard to watch nurses and doctors perform the parenting tasks we were hoping to be doing, like changing diapers and bathing her."

That Father's Day, 18 days into Maggie's hospitalization, Michael received a special package with a water bottle, lip balm, motivational cards and small candies from Project Sweet Peas, a volunteer organization that supports families of premature or sick infants.

The gift, coupled with Maggie's improving heath, was the burst of hope and happiness the family needed. When she was discharged from MGHfC – followed by a short stay at Mount Auburn Hospital – Mary and Michael were excited to bring their bundle of joy home but still felt the stresses of a long hospital stay and knew parents in similar situations likely felt the same.

HOPE AND HAPPINESS: Mary, Maggie Rose, Skylar and Michael Memmolo

Mary reached out to Project Sweet Peas asking to take over donation efforts for the MGHfC NICU. "We wanted to help other families see those positive moments with a personal touch," says Mary. "Even though we do not know them personally, we know what they are going through, and we are there with them in spirit."

Earlier this year, the Memmolo family visited their former home away from home to drop off 20 care packages full of supplies donated by friends and family. The bags were filled with knitted baby blankets and sweaters, puzzle books, scent dolls and toiletries. In addition, handmade cards crafted by Skyla and her second-grade classmates were included for siblings of NICU patients.

"Our family is dedicated to the MGHfC NICU and its patients," says Mary. "Bringing happiness to families in a time where those moments can be few and far between is our mission. This experience has been so rewarding for my family, it's nice to know we are helping spread happiness to others."

— Astronaut recruit

(Continued from page 1)

science and have either three years of professional experience or 1,000 hours of pilot-in-command time in jet aircraft.

During a June 7 press conference at the Johnson Space Center, Kim and his new colleagues fielded questions about their backgrounds and their hopes for the future. "We're just happy to be here to finish our candidate training and venture out into the deep unknowns of space and the solar system," Kim said.

Kim enlisted in the Navy as a Seaman recruit following graduation from Santa Monica High School in 2002. After completion of training at Naval Special Warfare, he was assigned as a Special Warfare Operator to SEAL Team THREE in San Diego, California. He served as a combat medic, sniper, navigator and point man on more than 100 combat operations spanning two deployments to the Middle East before accepting the Navy's commissioning program in 2009. Kim was commissioned through the Naval Reserve Officers Training Corps (NROTC) into the Medical Corps following graduation from the University of San Diego in 2012. He earned his medical degree in 2016 from Harvard Medical School.

"It's hard to condense all the various experiences I've had that have prepared me for this," Kim said. "But the two things that stand out for me is that I've always had an incredible set of mentors, leaders, colleagues, friends, family, platoon mates, who were always there for me, every step of the way when I was down – and I wouldn't be here today if it wasn't for them. Their care and their compassion was absolutely instrumental for my personal and professional development."

Kim said the other important experience has been working in small teams and responding to situations with limited data. "I had to do this as a special warfare operator in the Navy, where we worked in small teams and we leveraged each other's strengths and weaknesses to complete the mission. This translated well into the Navy Medical Corps, where I currently serve as a resident in emergency medicine, working in an emergency room with an incredible staff of physicians and nurses. We work with patients who are very sick, with limited data, and have to make decisions to help our patients."

In August, Kim will return to Johnson Space Center to begin his two years of training. He then will be assigned technical duties in the Astronaut Office while he awaits a flight assignment.

"Jonny is incredibly humble, hardworking and kind," said David F.M. Brown, MD, chief of Emergency Medicine at MGH. "He's a wonderful person who has succeeded at every level. So while we were amazed to hear he had been selected, we weren't surprised. He's been a role model for his fellow students, trainees and veterans, and I'm certain he'll help inspire the next generation of kids looking to the stars. While we hate to lose any resident, we're incredibly proud of Jonny's accomplishments and look forward to following along as he begins this next exciting chapter."

In 2013, the MGH had the honor of announcing another member of its hospital community who may one day travel into space. Jessica Meir, PhD, who was an assistant biologist in the MGH Department of Anesthesia, Critical Care and Pain Medicine, joined NASA as an astronaut recruit and currently is listed among the 44 astronauts on NASA's active roster. ■

Employee Medication Take Back Days

ON JUNE 13 AND 14 from 8 am to 5 pm, the MGH/MGPO Opioid Task Force will host an Employee Medication Take Back Day. Staff are asked to bring unused or expired prescription medications – not limited to pain medications – for anonymous, safe disposal.

An education table and medication bin will be set up by Coffee Central in the White corridor. There will be educational materials and giveaways available, including $5 gift cards to MGH eateries for the first 50 participants each day. Any employee who returns unused prescription medications can enter a drawing for a Fitbit Charge 2. Entrants will be given a numbered ticket at the table. The winning number will be announced via Broadcast MGH email on June 16.

The Opioid Task Force is dedicated to outlining ways the hospital can better respond to the state's opioid epidemic and improve patient care. Along with the Take Back Day, the task force is seeking input from the MGH community for ideas and feedback as the campaign continues.

SAVE THE DATE

2017 Summer Picnic

WEDNESDAY, JUNE 21
Bulfinch Tents and Lawn
11:30 am to 2 pm
10 pm to 11:30 pm

FOOD - MUSIC - GAMES

and the return of
OPERATION 5,000,
a fundraiser to benefit the
My Giving Helps Campaign

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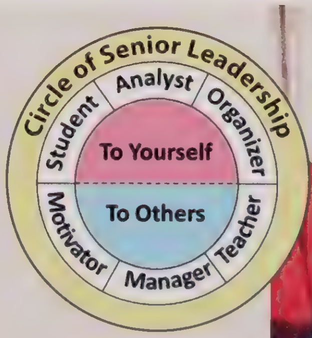
Scoring smiles

CELEBRATE VOLUNTEERISM
GIVING HELPS

PICNIC PALOOZA: What do food, fun and Operation 5,000 have in common? The annual MGH Summer Picnic. On June 21 – the first official day of summer – Dion Lewis, Geneo Grissom and Joe Cardona from the New England Patriots joined MGH staff to play a life-size version of the classic children's game Operation, celebrating the launch of the My Giving Helps employee campaign. Employees gathered to soak up the sun, win carnival prizes and feast on veggie burgers, hot dogs and ice cream. Earlier in the day, the players also visited MGH pediatric patients, including 8-day-old Yandiel Santos Figuero.

Leading in the Army and at the MGH



"LEADERSHIP CAN BE defined in two broad categories: what you have to be to yourself and what you have to be to others," said Harry Orf, MGH senior vice president for Research at the MGH, during the June 7 MGH Leadership Academy Spring Lecture. The retired colonel – whose 34-year military career in the U.S. Army Reserves included a year-long deployment with the 804th Medical Brigade during Operation Iraqi Freedom – was the featured speaker at the 10th annual event. Orf shared how his expertise has been enhanced by training in both the military and academic medicine fields.

In his 90-minute presentation, "What Did You Do in the War, Daddy? Leadership Lessons from Military Medical Service in War," Orf offered insight into the importance of creating and maintaining strong leaders. "Every soldier has to be trained to be a leader – that's the Army philosophy of leadership – and they drill this into you."

Orf said MGH staff are able to enhance their skills and leadership potential in a variety of ways, including numerous communication, people management and process improvement courses, available to managers and

(Continued on page 4)

SUCCESS STORY: "The motivator role is the most important," Orf said. "In the Army there is a saying, 'complain up the chain, never down.' When you talk to your staff, you are motivating your staff."

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Research*Roundup*

***RESEARCH** at the MGH is interwoven throughout more than 30 departments, centers and units, and is conducted with the support and guidance of the MGH Research Institute. The Research Roundup is a monthly series highlighting studies, news and events.*

DASH DIET MAY PREVENT GOUT

A recent study suggests that following the Dietary Approaches to Stop Hypertension (DASH) diet may reduce the risk of gout, a painful type of inflammatory arthritis caused by a buildup of uric acid in joints.

The study enrolled more than 44,000 men with no history of gout. The research team applied two scoring systems to the dietary patterns of participants:

1) A DASH dietary pattern score based on the criteria for the diet, which emphasizes eating fruits, vegetables, low-fat dairy, whole grains, poultry, fish and nuts while discouraging red meat and fatty, processed foods. Several studies have confirmed the DASH diet's ability to reduce risks for hypertension and cardiovascular disease.
2) A Western dietary pattern score based on high intake of red and processed meats, french fries, refined grains, sweets and desserts.

During 26 years of follow up, 1,731 participants were newly diagnosed with gout. A higher DASH dietary pattern score was associated with a lower risk for gout, while a higher western dietary pattern score was associated with an increased risk for gout.

While these findings need to be confirmed in future interventions, researchers note that many individuals at risk for gout because of elevated uric acid levels might already be candidates for the DASH diet, since more than half of such individuals also have hypertension.

Hyon Choi, MD, director of the Gout and Crystal Arthropathy Center in the MGH Division of Rheumatology, Allergy, and Immunology, is senior author of the study.

RESEARCHERS DETECT "SILENT" SEIZURES IN ALZHEIMER'S PATIENTS

New research suggests a potential new connection between the devastating memory loss associated with Alzheimer's disease and "silent" seizures in the hippocampus, the memory center of the brain.

The small study enrolled two female patients in their 60s with early Alzheimer's and no known history of seizures. Electrodes were placed on the scalp and surgically implanted on both sides of the brain to better detect seizure activity. Each patients' brain activity was monitored for 24 to 72 hours.

The implanted electrodes recorded evidence of seizures in the hippocampuses of both patients. Most notably, these seizures primarily occurred when patients were asleep, a critical time for memory consolidation.

"Our novel finding that networks involved in memory function can become silently epileptic could lead to opportunities to target that dysfunction with new or existing drugs to reduce symptoms or potentially alter the course of the disease," says Andrew Cole, MD, director of the MGH Epilepsy Service and senior author of the study.

A recent study led by Alice Lam, MD, PhD, also of the MGH Epilepsy Service and lead author of the current study, demonstrated a novel tool for detecting hippocampal seizures not detectible by scalp electrodes in patients with epilepsy. Cole and his team are working to refine this tool and apply it to Alzheimer's.

Due to the small size of the study, further research also is needed to validate the results with a broader population.

MGH welcomes tall ship physicians for Maritime Medicine event

PHYSICIANS from land and sea joined together June 19 for a special Maritime Medicine event at the MGH as part of the historic Sail Boston program.

"We are honored to welcome the medical staff from the tall ships in Sail Boston," said Andrew A. Freiberg, MD, interim chief of the Department of Orthopaedic Surgery and chief of the Center for Hip and Knee Replacement. "This academic program at the MGH is a first for the many physicians, nurses, dentists and medics who care for sailors in their world travels."

The lecture series featured MGH physicians from several departments. Andrew L. Warshaw, MD, surgeon-in-chief emeritus, discussed the history of the MGH and the Ether Dome; Andrew S. Liteplo, MD, division chief of Emergency Ultrasound, divulged the pros of diagnostic ultrasound; Sandra B. Nelson, MD, of the Infectious Disease Unit, delved into marine infections; R. Malcolm Smith, chief of Trauma Service in the Department of Orthopaedic Surgery, touched upon the treatment of acute fractures; and Jennifer A. Magee, DMD, talked about dental emergencies.

ALL ABOARD: Medical staff from the tall ships with Freiberg (right).

The speaking series was followed by a tour of the historic Ether Dome and a reception in the Paul S. Russell, MD Museum of Medical History and Innovation.

"It was a very interesting, practice-focused and really nice program," said Thomas Karg, MD, Emergency Medicine physician and trainer on the Alexander Von Humboldt II tall ship, which sailed in with the Sail Boston fleet from Bermuda. "There is special training for each individual ship, and therefore the education and training before trainees go on each ship is different. Not all training is focused on maritime medicine – small vessels just have paramedics on board – so this sort of education is important."

Sail Boston wrapped up June 22, when the tall ships set sail for their next port. The vessels are slated to arrive in Quebec City on July 18.

STRONGER TOGETHER: Members of the MGH LGBT group with Orlando Pulse survivors

MGH tackles gun violence

"THAT NIGHT," Nathan Orozco said, "was my first night at Pulse."

It was June 12, 2016. It was Latin night. Orozco was 19 years old. A gunman opened fire in the Orlando, Florida nightclub, killing 49 people and wounding 53 others in the worst mass shooting in U.S. history. Standing at the podium in the Thier Conference Room, Orozco struggled to finish his story. "I want to thank the hospital, the police officers, everyone who helped us and who is still helping us live a better future," he said, before his emotions proved to be too overpowering and he couldn't continue.

Fellow survivor Orlando Torres was soon at Orozco's side to comfort him. "No one deserves this at all," he said. "But he knows – we all know – we have each other. It's just hard."

Orozco and Torres were two of 24 survivors who came to the MGH June 8 for a discussion about gun violence, hosted by the MGH LGBT Employee Resource Group. They are part of an "awful, painful club that no one wants to be a part of," said Chana Sacks, MD, an attending physician in the Department of Medicine.

She too is a member.

Sacks shared that her cousin's 7-year-old son, Daniel Barden, was killed in the Sandy Hook Elementary School shooting in Newtown, Connecticut four years ago. Sacks said the family tragedy – paired with the cases she sees as a physician – prompted her to help create the MGH Gun Violence Prevention Coalition. Formed in 2015, the group's members come from departments hospitalwide and they aim to tackle the issue of gun violence as a public health epidemic and social justice issue, and have developed resources to help clinicians discuss firearm safety with patients.

"Firearm injuries are responsible for 33,000 deaths a year," she said. "We thought about how we can take our individual passions and intensity and really make a difference in this space. And, the truth is, the numbers only say so much, because as I look around this room, I think it's clear. This is about people whose lives have been changed. We can work together to do better and to prevent so many other families from going through this." ■

Workplace Education Program celebrates 117 graduates

23 COUNTRIES of origin. 13 languages. 30 departments.

These numbers represent the vast diversity of the 117 MGH employees recognized June 2 at the Workplace Education Program's (WEP) Celebration, which recognizes the achievements of the latest class of hardworking employees who completed English for Speakers of Other Languages (ESOL) and computer classes. The program – offered through the MGH and a partnership with JVS – provides these classes to employees wishing to improve their skills and expand their education.

"I was 18 years old when I came to America from El Salvador. I didn't speak a word of English, but that didn't stop me from trying to learn," said Mavis Pellegrini of Patient Care Services. "I learned to speak enough to get by, but I wanted to learn more. Last year I was encouraged to take an English class at MGH. It is an excellent program that MGH has for people like me."

Pellegrini was one of many participants who shared inspiring stories of their challenges and dreams at the ceremony. This also included Rosa Pineda, an office assistant in Research Management, who completed a computer class this year. "I am always looking for more opportunities to learn and develop new skills. I want to do my best in my job but I needed some help with the computer," she said. "This class has helped me do my job better. It doesn't matter how long it takes to accomplish your goals, just keep going. Don't give up even if they seem too far away to reach."

The WEP offers five levels of ESOL classes, three levels of computer classes and new this year they offered a morning ESOL class for those employees who work overnight. Kristen Schlapp, manager of WEP, presented certificates to each employee and recognized the impressive number of participants who had perfect or excellent attendance throughout the year. Twenty-two employees also earned their U.S. citizenship.

"Take today's accomplishments as a stepping stone to a long and fruitful career," said Awilda Lalande, operations manager in Patient Care Services and keynote speaker at the ceremony. She moved to Boston from Puerto Rico at the age of 3, has worked at the MGH for 15 years, and through continued determination and learning opportunities has worked her way up to become a manager. "By overcoming many challenges and obstacles, it has led me to make better choices. Is it a long road? Sure it is. Is it worth it? Absolutely. I am now able to say 'I did it' and I want to help all others be able to say 'I did it' too."

POSITIVE PARTNERSHIP: Younis Boughaf, right, of the Transportation Department, celebrates his newly received certificate of achievement for ESOL level 5A with his supervisor Tracey Ritucci.

— Leadership

(Continued from page 1)

supervisors through the MGH Leadership Academy. Courses in the Army are not voluntary if you want to advance, he said, noting courses also are not subject-specific; they are job-specific with the singular goal of training a person for the next job or rank. They also aren't lecture-based. Instead, learning opportunities focus on project-based, practical knowledge.

"The way the Army trains you? By doing," Orf said.

During his time in the service, Orf was asked to create his personal leadership vision, which he shared with those in attendance *(see graphic on page 1)*. "In order to accomplish the mission or solve a problem, a leader has to be a student, analyst and organizer who uses their skills to develop a vision. Then, the teacher, manager and motivator instill the vision needed to realize the mission – which is ultimately success."

Orf encouraged participants to use the circle of senior leadership attributes to continually evaluate themselves and continue to grow and learn.

"Whether you work for the Army or for the hospital, whether you are a grant administrator or a middle school teacher and part-time reserve soldier – whatever your job, if you are properly trained in leadership skills and work together with like-minded individuals, there is truly no limit to what you can accomplish." ■

BeCause: A new way to help the MGH

THE MGH has relaunched its community fundraising program. Now known as BeCause: The Mass General Fundraising Community, this group of friends and supporters raise funds to support the hospital by organizing and participating in events, social gatherings and online campaigns. Last year, the MGH fundraising community raised more than $4 million.

BeCause features a social fundraising website and online toolkit for fundraisers to share their stories. Every dollar raised goes directly to the cause of their choice. From cancer care to autism awareness, MGH patients, their families, friends and caregivers have been inspired by their experiences at the MGH and are motivated to take action.

These supporters include Bob Forlenza, a Boston-area investment executive. For the past 17 years, Forlenza has organized The Full Court Charity Challenge basketball tournament to support the Lurie Center for Autism at MassGeneral Hospital for Children, where his son is a patient. The event has raised nearly $1.5 million.

Visit: *because.massgeneral.org*

Sharing tradition

SUNSET CELEBRATION: For the 17th year, MGH staff, patients and families came together for Iftar, the communal breaking of the daily fast. Celebrated at the end of the Muslim holy month of Ramadan, the group of more than 100 people gathered June 14 at sunset – 8:23 pm – when the fast was officially broken. The MGH's Food and Nutritional Services provided Middle Eastern-inspired dishes for the evening.

Listen more, speak less

"STEP BACK, step down, make space for others and listen," and "I will continue to educate colleagues and patients when discriminatory comments or attitudes are voiced" were featured phrases on pledge boards hung in the White Corridor this month. The boards highlighted the commitment of MGH staff to stand up, speak out and help end racism.

In April, during the annual "One MGH Stand Against Racism" event, MGHers were invited to participate in a workshop to gain practical skills about how to foster important conversations about race and racism in and out of the workplace. The event – organized by the Center for Diversity and Inclusion and sponsored by several other MGH departments and committees – was part of the nationwide YWCA Stand program and featured guest speaker Teja Arboleda, president and creative director of Entertaining Diversity, Inc.

What will YOU do to advance racial equity?
Share a picture of your pledge on social media using #bostonracialequity
@ywboston
yw boston

Attendees also were offered an opportunity to sign the pledge boards to describe how they would stand against racism. Testimonials ranged from personal commitments to department-specific goals, including "I will challenge and question my racial biases" and "I will seek out opportunities to share important messages about racial equity for all of CCHI's communication channels." Organizers said the public display of statements is another positive step in working to improve and celebrate diversity, inclusion and change. ■

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A SPECIAL EDITION OF MGH HOTLINE JULY 7, 2017

The Spirit of Devotion: MGH in World War I

> "I would like to record here my appreciation of a splendid organization which went out from the Massachusetts General Hospital. Whatever demands were made, there was always a trained person ready with the knowledge and ability to carry out the task. The hospital itself cared for many patients and was, I firmly believe, one of the real sources of strength of the Medical Department of the American Expeditionary Forces. ... I am aware, when we compare the offering of men and women of this unit with that of those who gave their lives to the cause, that it is but little. In the presence of the dead we stand humble and reverent. Nevertheless, Base Hospital No. 6, like many others, did what it was called upon to do, and did it in a spirit of commendable devotion and sacrifice."
>
> *–Col. Frederic A. Washburn, MD, then-director of the MGH*

A CENTURY AGO, when the United States entered the Great War, there already were signs the war would challenge and change medicine in new ways. Trench warfare was increasingly dangerous as both sides developed new heavy artillery and began using poison gas.

Hospitals along the east coast – including the MGH – began preparations a full year in advance of the April 6, 1917 declaration of war to discuss how to help and what to do if battle came to U.S. shores. Frederic A. Washburn, MD, director of the MGH, met with the U.S. Army surgeon general and leaders from Johns Hopkins and the American Red Cross and determined hospitals should create reserve medical units: teams trained and ready to go in the event of war.

Several MGHers had already gone to Europe well before the U.S. entered the conflict, serving with French or British army hospitals. A Harvard Medical School group – including MGH staff members – deployed in early 1916 as part of Base Hospital No. 5. It was Base Hospital No. 6, however, that would become the MGH's largest contribution to World War I. Nurses, physicians and other clinical and support staff from the MGH, stepped up to join in the fight and to care for the country's soldiers.

This special edition of *MGH Hotline* is an introduction to the MGH's participation in WWI, and highlights just some of the hospital's contributions to the war effort. Throughout the next two years, the Paul S. Russell, MD Museum of Medical History and Innovation will commemorate the hospital's role with a series of rotating exhibits and displays in the museum display case in the main campus at the corner of the White lobby and the Lunder Building and at its 2 North Grove Street location. Programming also will include several events as part of the museum's evening lecture series and a video projected to debut this fall. The museum is free and open weekdays from 9 am to 5 pm. ■

WWI timeline

WORLD WAR I (1914 - 1918) involved all major economic powers of the day. It was marked by slow trench warfare, new weaponry such as tanks and automatic guns and the first widespread use of chemical weapons. The United States joined WWI in April 1917, after Germany attacked a number of American ships and sought an alliance with Mexico against the U.S. While isolationist and pacifist groups rallied against the war, many others supported U.S. involvement. The global political climate after WWI set the stage for World War II just over 20 years later.

More than 500 MGH employees provided care to Allied troops overseas, and beginning in September 1917, MGH operated Base Hospital No. 6 in Talence, France.

1913

Frederic A. Washburn, MD, director of the MGH, initiates a meeting with U.S. Army Surgeon General William C. Gorgas to discuss organizing a military hospital in the event of a war.

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March 17

Washburn is authorized to create a mobile hospital unit.

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Several MGH departments temporarily close due to "war conditions."

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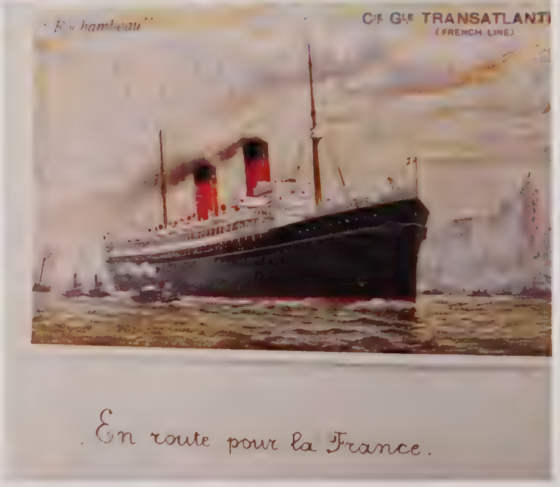
WASHBURN

AT HOME
OVERSEAS

1913

1916



1917

June 29

Base Ho

The work of a war hospital

FREDERIC A. WASHBURN, MD, director of the MGH, was authorized to direct and organize Base Hospital No. 6. Doctors trained at Fort Strong, on Boston Harbor's Long Island, and nurses spent 10 days preparing at Ellis Island in New York. The 253-member unit departed for Liverpool July 1917 aboard the RMS Aurania – a commercial steam liner – and arrived in Talence, France, on July 28.

Throughout the war, MGH staff served at several war hospitals, including Base Hospital No. 5, created by Harvard Medical School and Peter Bent Brigham Hospital (now Brigham and Women's). This hospital was initially comprised of a series of tents in Camiers, France, and later moved to Boulogne.

Base hospitals offered a place for recovery and for more complicated procedures than soldiers could get at first aid posts. As with civilian hospitals, experienced staff were chosen to represent a variety of specialties. Among the nurses, specialties included medical and surgical training as well as anesthesia, orthopedics, ophthalmology, otolaryngology, mental health and public health. Unlike in a civilian hospital, all nurses had to alternate between taking charge of a ward and working directly with patients.

Away from the front lines, Base Hospital No. 6 treated wounded and ill soldiers who arrived in train convoys. If a wounded soldier arrived at a base hospital, his chances of survival were good. The majority of surgical cases were secondary wound closures, meaning wounds that needed to be cleaned and closed some time after the injury, as well as removal of bullets and shell fragments, setting of fractures, and blood transfusions. In addition to battle wounds, surgeons treated trench foot, or sores and deterioration of the flesh due to cold and wet conditions. Amputations were far more common than today, as they were the best way to treat a serious case of gangrene before it spread to the rest of the body and became fatal. Surgeons also performed a host of procedures unrelated to battle, such as appendectomies.

Beginning in September 1917, Base Hospital No. 6 expanded its existing campus across 67 acres. The original goal had been a 500-bed hospital, but large numbers of patients created a need for several phases of construction during the next year.

INFECTIOUS DISEASE

Among the first patients sent to Base Hospital No. 6, most were suffering from acute infectious diseases. Pneumonia and influenza were by far the most common illnesses treated. Other frequent ailments included mumps, gonorrhea, tuberculosis, otitis media (ear infections) and measles. Soldiers' close living quarters were to blame for the spread of many illnesses, including lice. One report estimated that more than 90 percent of soldiers had body lice.

Base hospitals were the primary sites to address these types of illnesses. Base Hospital No. 6 had a pathologist, bacteriologist and serologist on staff. In many cases, all the hospital staff could do was treat the symptoms of an illness. Common treatments for the flu included bed rest, aspirin, hot soup and cough medicine. In addition to treating individuals, the staff made recommendations to military leaders for reducing the spread of disease.

RESEARCH AND EDUCATION

Based on demands from their military superiors and a wartime culture that did not tolerate shirking of duty, doctors were expected to regard emotionally distressed patients with cynicism. Base Hospital No. 6 had a neuro-psychiatrist and a neurologist on staff who treated patients with injuries as well as mental illness. They defined mental and neurological health with the vocabulary of the day, including hysteria, neurasthenia and exhaustion to describe symptoms of depression, anxiety and trauma.

The demands of war also created the need for new research. Paul Dudley White, MD, and his colleagues devised tests to determine when a patient recovering from the effects of gas was ready for more rigorous physical activity, and when he was ready to return to the front. The hospital also had a Disability Board, comprised of a panel of doctors from different disciplines who determined soldiers' eligibility for light duty or return to home.

In July 1918, Base Hospital No. 6 also opened a School for Instruction for Casual Officers. Experienced members of the surgical and medical staff taught more junior staff who had been sent to Base Hospital No. 6 for temporary duty and instruction.

Base Hospital No. 6 used X-rays – then still an emerging technology – to locate fractures and foreign objects and to diagnose pneumonia and the effects of mustard gas on the lungs. ■

At a glance:

- Throughout the course of the war, Base Hospital No. 6 would treat 24,112 patients.
- Nurses were a part of the Army Nurse Corps but were not given military ranks until World War II; Chief Nurse Sara E. Parsons, RN, helped advocate for this change.
- A core team of 64 nurses, plus 109 more who were sent as reinforcements later in the war, served at Base Hospital No. 6.
- 3,597 operations were performed at Base Hospital No. 6 between 1917 and 1919. Many of these operations aimed to treat potentially fatal war injuries, but only 434 surgical patients did not survive.
- Base Hospital No. 6 saw 1,966 patients who had been gassed – about 8 percent of the hospital's total patients.
- Not all of Base Hospital No. 6's patients were human – some were horses, which were used to move artillery at the front. A third of the 7,000 to 8,000 horses at Camp de Souge, 18 miles from Base Hospital No. 6, became infected with an unknown disease. Physicians led a campaign of quarantining the sick horses, shooting those that could not recover and disinfecting the stables.
- On Nov. 11, 1918, the Allies and Germany declared an armistice. The fighting was over, but the work of the base hospitals was far from done. On Nov. 12, there were 4,319 patients in Base Hospital No. 6, the largest number at any time during the war. By New Year's Eve, there were only 1,500 patients. In contrast, back in Boston the MGH had 322 patients in the hospital on Jan. 1, 1919.

Ready to take the field: Words from the war

"Then of course there were in the hospital men of every religious faith as also no faith. An American base hospital was not only a cross section of the American Expeditionary Force, but of the whole United States as well. Within those hospital walls were all the component parts which go to make American Democracy."

— *Rev. Henry Knox Sherrill, a Red Cross chaplain at the MGH who later became an Army chaplain at Base Hospital No. 6. He served as a trustee of the hospital and chairman of the board from 1934 to 1946.*

"Dare we confess that, as members of Massachusetts General Hospital – the home of the discovery of ether – we used chloroform freely to induce anesthesia? This was due to untold delays in obtaining orderlies to present at the time of beginning anesthesia, and the lack of nitrous oxide. Perhaps we were fortunate that in over two hundred anesthesias included in this way, there was not a single accident or any incident to cause us uneasiness."

— *Harold G. Tobey, MD, was a part of the Ear, Nose, and Throat Service at Base Hospital No. 6 and held the rank of first lieutenant. During his time at Base Hospital No. 6, he was the subscription officer for "Stars and Stripes," the official newspaper of the American Expeditionary Forces. He later served as the admitting officer at Base Hospital No. 6 and then as a detraining officer, coordinating receiving patients from train convoys.*

"To sum up my impressions: The advantage of knowing one's personnel is tremendous, both from a professional and physical standpoint. Many valuable women who can work in an understanding and sympathetic environment, could never stand the strain in an uncongenial situation, but in this respect we were fortunate, as there was an unusual spirit of cooperation and congeniality among the nurses of our Base Hospital."

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"As one of the few large American hospitals to prepare for military action long before the United States declared war on Germany, the Massachusetts General Hospital was ready to take the field when the call came in April, 1917."

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"We were on the ground long before American casualties began. We had months in which to equip it with every device of a modern hospital. There was absolutely nothing lacking in our equipment. It was not necessary to wait hours for the attendance of a specialist at a consultation, as is the case sometimes at hospitals on this side. A consultation over a serious case could be called in five minutes."

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Model mission

AED
evolve emergency
evolve emergency
QuikClot COMBAT
Large XL

STOP THE BLEED: From left, installing tourniquet kits; contents of the emergency kits; King training MGH Police, Security and Outside Services staff

"EVERY SECOND COUNTS."

David R. King, MD, trauma and acute care surgeon, knows this saying well. As a U.S. Army combat veteran – with tours in Afghanistan and Iraq – and as a member of the MGH Center for Disaster Medicine, King has seen firsthand the difference critical care can make in the moments following an emergency.

For the past four years, King has made it his mission within Boston and area communities to host bleeding control training programs. Within schools, police departments and other hospitals, he has shared his expertise about how to stop traumatic bleeding. Now, King plans to train all MGH staff in the proper use of tourniquets – a first-of-its-kind program in Massachusetts and a model for the United States.

"After the 2013 Boston Marathon bombings – and in several recent situations throughout the nation – we saw that ordinary people were the real first responders," King says. "It was made clear that we need to provide tools and training to equip people for potential mass casualty events, and tourniquets can be part of the answer. We want bystanders to become by-doers."

King says his efforts are part of the national "Stop the Bleed" campaign, aimed at educating, training and equipping bystanders to control bleeding in emergency situations. Through the use of tourniquets, the lives of emergency victims can be saved by cutting off blood flow to an injured extremity, buying more time for emergency

(Continued on page 4)

Juggling child rearing and research

IT SEEMED especially fitting when Esther Freeman, MD, PhD, of the Department of Dermatology/Global Health Dermatology, led her newborn baby Imogen into the June 15 luncheon celebrating the ability for women to be both successful researchers and mothers.

Freeman was one of six honorees who received this year's Claflin Distinguished Scholar Award – supporting junior faculty who have child rearing responsibilities – presented by The Office for Women's Careers and the Executive Committee on Research. The award was named in honor of Jane Claflin, a leader and hospital benefactor who, for many year, has supported women and their careers at the MGH.

During the luncheon ceremony, receipient Marta Bianciardi, PhD, of the

(Continued on page 4)

WONDER WOMEN: From left, Nancy Rigotti, director of the Office for Women's Careers; Stott; Bianciardi; Freeman; Ho; Huang; and Anne Klibanski, Partners chief academic officer

WWI timeline

WORLD WAR I (1914 - 1918) involved all major economic powers of the day. It was marked by slow trench warfare, new weaponry such as tanks and automatic guns and the first widespread use of chemical weapons. The United States joined WWI in April 1917, after Germany attacked a number of American ships and sought an alliance with Mexico against the U.S. While isolationist and pacifist groups rallied against the war, many others supported U.S. involvement. The global political climate after WWI set the stage for World War II just over 20 years later.

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1913
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WASHBURN

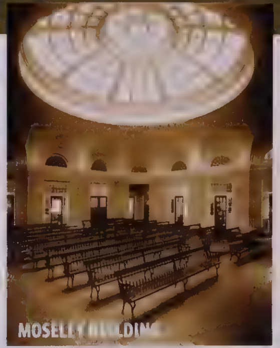
1916
March 17
Washburn is authorized to create a mobile hospital unit.

1917
Several MGH departments temporarily close due to "war conditions."

May 17
MGH's Phillips House receives its first patient. Two buildings, the Phillips House and the Moseley Memorial Building, were completed in 1917. The Phillips House featured luxury wards to attract new patients at a time when most wealthy people avoided hospitals.

MASSACHUSETTS GENERAL HOSPITAL SOCIAL WORKERS

PHILLIPS HOUSE


MOSELEY BUILDING

May 1917
U.S. Army Base Hospital No. 6, a medical/surgical unit of MGH physicians and nurses, is activated under the command of Washburn.

May 1917
Joseph B. Howland, MD, is named acting administrator in Washburn's absence.

May 30
Base Hospital No. 5 (Harvard, Brigham and some MGHers via Harvard) is stationed in Camiers, France.

BASE HOSPITAL NO. 5

December 6
A munitions ship explodes in Halifax Harbour in Nova Scotia, nearly destroying the city. An MGH contingency joins the relief train that Boston sent to aid the city. Since 1971, Nova Scotia has sent the city of Boston a large tree each Christmas in recognition of this aid.

HALIFAX EXPLOSION

1918
January
Influenza is first observed in Kansas.

KANSAS FLU CLINIC

January 29 - February 20
No patients other than emergencies are admitted to the MGH because of a severe scarlet fever outbreak. The confirmed and suspected cases requiring quarantine include 10 house pupils, 27 nurses, 21 employees and 21 patients.

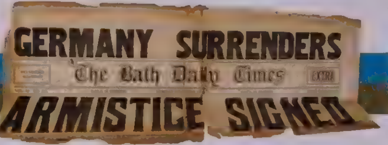
June–August
Influenza reaches pandemic levels.

August – through the fall
More than 800 influenza cases admitted to MGH.

October 1
Mary Wright is appointed house pupil to the Children's Medical Service; she is the first woman to be a house pupil at the MGH.

October 16
Ether Day celebrations omitted at MGH because of the flu epidemic and the war.

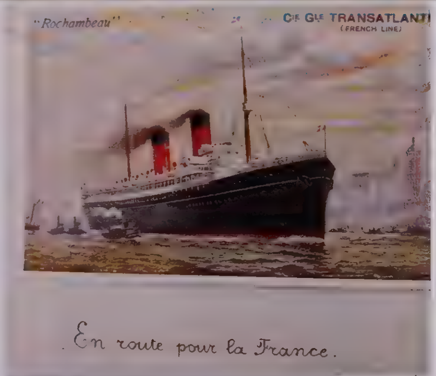
November 11
Armistice agreement signed.


GERMANY SURRENDERS
The Bath Daily Times EXTRA
ARMISTICE SIGNED

1919
June 28
Treaty of Versailles is signed.

AT HOME
OVERSEAS

1913 1916 1917 1918


"Rochambeau"
Cie Gle TRANSATLANTIQUE (FRENCH LINE)
En route pour la France.

1917
June 29
Base Hospital No. 6 nurses leave Boston for Ellis Island.

French nurses and patients with MGH nurses

July 28
Staff arrives in Talence.

July 28
Sara E. Parsons, RN, is appointed acting chief nurse by commanding officer.

PARSONS

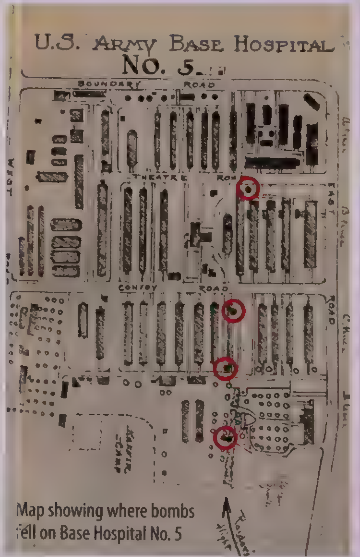
September 1:
Base Hospital No. 6 is officially turned over to U.S. control.

1918
May 21
Only birth at Base Hospital No. 6.

September 4
Air strike on Camiers, France, where Base Hospital No. 5 is located.

October
Highest volume month for Base Hospital No. 6: 4,378 admissions and 528 surgeries.

October 16
Base Hospital No. 6 officers celebrate Ether Day with a dinner in Talence.

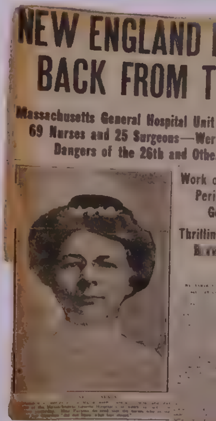


Map showing where bombs fell on Base Hospital No. 5

1919
January 14
Base Hospital No. 6 closes all hos
ceases functioning as a hospital at
is handed to U.S. Base Hospital N
staff are placed on temporary dut

February 4
Orders are received for Base Hos
prepare for embarkation.

April 1
Base Hospital No. 6 is officially de


NEW ENGLAND
BACK FROM T
Massachusetts General Hospital Unit
69 Nurses and 25 Surgeons—Wer
Dangers of the 26th and Othe

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For the past four years, King has made it his mission within Boston and area communities to host bleeding control training programs. Within schools, police departments and other hospitals, he has shared his expertise about how to stop traumatic bleeding. Now, King plans to train all MGH staff in the proper use of tourniquets – a first-of-its-kind program in Massachusetts and a model for the United States.

"After the 2013 Boston Marathon bombings – and in several recent situations throughout the nation – we saw that ordinary people were the real first responders," King says. "It was made clear that we need to provide tools and training to equip people for potential mass casualty events, and tourniquets can be part of the answer. We want bystanders to become by-doers."

King says his efforts are part of the national "Stop the Bleed" campaign, aimed at educating, training and equipping bystanders to control bleeding in emergency situations. Through the use of tourniquets, the lives of emergency victims can be saved by cutting off blood flow to an injured extremity, buying more time for emergency

(Continued on page 4)

Juggling child rearing and research

IT SEEMED especially fitting when Esther Freeman, MD, PhD, of the Department of Dermatology/Global Health Dermatology, led her newborn baby Imogen into the June 15 luncheon celebrating the ability for women to be both successful researchers and mothers.

Freeman was one of six honorees who received this year's Claflin Distinguished Scholar Award – supporting junior faculty who have child rearing responsibilities – presented by The Office for Women's Careers and the Executive Committee on Research. The award was named in honor of Jane Claflin, a leader and hospital benefactor who, for many year, has supported women and their careers at the MGH.

During the luncheon ceremony, receipient Marta Bianciardi, PhD, of the

(Continued on page 4)

WONDER WOMEN: From left, Nancy Rigotti, director of the Office for Women's Careers; Stott; Bianciardi; Freeman; Ho; Huang; and Anne Klibanski, Partners chief academic officer

Profiles in Education: *James "Kimo" Takayesu*

This profile is part of a series designed to highlight the importance and impact of the hospital's teaching mission and the work of the MGH Executive Committee on Teaching & Education (ECOTE).

James "Kimo" Takayesu, MD, is the departmental simulation officer and assistant residency director in Emergency Medicine.

WHAT DO YOU ENJOY ABOUT TEACHING? WHAT MAKES YOU MOST PROUD OF YOUR WORK AS AN EDUCATOR?

I love the interaction and engagement of teaching. I love being able to demystify concepts and – perhaps most importantly – break down the power dynamic between teacher and learner. We can all learn from each other in many different ways, and each of us has our own expertise. Creating an egalitarian relationship in a learning situation, recognizing that we have all been novices at something sometime, fuels the ability to transfer knowledge and create the open atmosphere that is necessary to incite change. As an educator, I am most proud of integrating simulation into emergency medicine training at the Harvard Affiliated Emergency Medicine Residency at MGH/Brigham and Women's Hospital, based on the Kolb learning cycle. Now, 14 years after starting that process, I am proud to see that a new generation of educators is challenging the assumptions of that curriculum to create new curricula and novel methods to train in emergency medicine.

SHARE A MAGICAL TEACHING MOMENT. WHAT DID IT LOOK LIKE WHEN YOU SAW THE "SPARK OF UNDERSTANDING" AND/OR WITNESSED THE GROWTH?

The greatest value as an educator is hearing from your learners when they see and experience real-life encounters that challenge their knowledge and skills. My most magical moment as an educator was when – after designing and implementing an airway assessment curriculum for our senior residents – one of the recent graduates thanked me for a case they had successfully managed on the overnight shift involving a difficult airway scenario that we had trained on. It is rare that educators are able to see the fruition of their efforts. This was one of those moments that affirmed my passion for creating high value educational interventions fo our emergency medicine residents.

IN THE SPIRIT OF LIFELONG LEARNING, WHAT WAS SOMETHING NEW YOU LEARNED IN THE PAST WEEK? HOW DID IT MAKE YOU FEEL TO LEARN SOMETHING NEW?

I have the great privilege of working at a teaching hospital that is full of residents and students who are much brighter than I am. I learn somethin every single day I come to work. I often describe my role as a supervising attending as a silent observer, commenting on clinical care only when I need to ensure safe and efficient patient care. However, while observing and supervising, I learn a great deal from our incredibly bright residents, consultants and colleagues on the different services here at MGH. This pas week, I learned about a cervical plexus block that can be used for headach This was brought to me by a resident who questioned whether they could use this in the management of a patient with intractable migraine. More than a decade out of training, it is now time for me to learn from the risin generation of clinicians as much as I supervise them.

WHAT DO YOU WISH EVERYONE KNEW ABOUT EDUCATION AT MGH? WHY IS MGH'S COMMITMENT TO EDUCATION IMPORTANT?

Education is explicitly valued at MGH, which is the main reason why I have stayed here for the past 14 years and will continue to do so. Having a commitment to education ensures that the next generation of clinicians will practice high-quality medicine and question past assumptions in seeking future innovations. I can think of no better environment that has the unique combination of patient complexity and volume, student and resident aptitude, and depth of clinical expertise. This, combined with a commitment for educating our peers and our patients, creates an environment that is unique. I feel truly privileged to work and teach here. ■

To nominate learners or educators – from any profession and at any caree stage – email Andrea Paciello, executive director of Teaching & Education, at apaciello@partners.org.

The future of health care

THE PARTNERS HEALTHCARE BIOBANK recently unveiled two interactive research kiosks at the MGH, located in both the Wang and Yawkey 2 lobbies, to raise awareness of the Biobank throughout the hospital community. The Biobank is a large research initiative that brings patients, clinicians and investigators together to make research discoveries that improve care for patients and generations to come. Patients and employees are asked to provide consent, a blood sample and take a health survey. These contributions are used in cutting-edge research projects on a wide variety of health conditions, including cancer, diabetes and heart disease. The Biobank currently is supporting more than 115 different studies. Biobank offices are located at Wang 238 and Yawkey 3498. For more information, visit *www.partners.org/biobank*.

Partners
Massachusetts
Biobank at
General Hospital
Sign Up
Today!

Harry Orf, PhD, MGH senior vice president for Research, and Peter L. Slavin, MD, MGH president

Make your own luck

DURING A JUNE 13 EVENT hosted by the Association of Multicultural Members of Partners (AMMP) and the MGH Training and Workforce Development Office, more than 20 employees participated in roundtable discussions; posing questions to hospital administration staff, seeking advice and learning about various career paths.

"We hope people will be inspired by the conversations they have today to dream, seek to learn more and will help people form their own career trajectories," said Evelyn Abayaah, chair of AMMP.

Dianne Austin, Workforce Diversity program manager, said the five featured panelists were selected for being mentors, coaches and leaders who truly strive for and promote growth and development. They were: Melissa Joseph, Ellison 12 nursing director; Mara Bloom, executive director of the MGH Cancer Center; Andrea Paciello, executive director of Teaching and Education; Danielle Le Hals, executive director of Radiation Oncology; and Bill Banchiere, director of Environmental Services.

Attendees sought input about topics ranging from education, tips and tools for moving ahead and best practices. "Education gives you tools," Banchiere said. "It is vital to get your tools and your foundation from school. After that you start learning and tweaking and growing."

Paciello encouraged attendees to tap into things that are happening in relation to their units because people often find success when they find new experiences, and all panelists stressed the importance of networking.

"Not having experience shouldn't stop you," Le Hals said. "Never say no to an opportunity that comes your way."

FIRM FOUNDATION: From left, Banchiere, Joseph, Bloom, Paciello and Le Hals

Joint Commission survey window now open

THE WINDOW FOR The Joint Commission hospitalwide survey visit is open. The visit will occur sometime between now and April 2018.

The Joint Commission is a nonprofit organization that accredits most hospitals – including the MGH – in the United States and sets standards for accreditation that allows institutions to continue to participate with government-paid insurance programs and private payer programs. In preparation for Joint Commission's arrival, the hospital will continue its work to identify quality and safety issues and ways in which the MGH can strengthen those areas.

During their triennial visit, surveyors will review patient care practices through unannounced visits to several areas throughout the hospital, including inpatient units, ambulatory practices and procedural areas.

For more information about the upcoming visit, or to learn more about ensuring Excellence Every Day for MGH patients and their families and caretakers, visit the Excellence Every Day page at: *intranet.massgeneral.org/excellenceeveryday.* ■

New location for science education

"3, 2, 1."

Amid cheers, bright camera flashes and excited children, Boston Mayor Marty Walsh helped cut the red ribbon, officially welcoming a new children's museum to Boston. The Environmental Science, Discovery, and Action Museum celebrated its grand opening May 31 in MGH's Building 114 in the Charlestown Navy Yard. Located in building space set aside for public accommodation, the museum features exhibits and hands-on activities about the systems, resources and residents of planet Earth.

"These young people in front of us – they are the future scientists, they are the future doctors, they are the future people working in the world," Walsh said. "We're trying to reverse some of the damage that we've done to the earth for them, and for the future."

The Boston-based group curating the new Environmental Science, Discovery, and Action Museum is "e" Inc., an organization devoted to educating youth about climate change, sustainability and environmental sciences. "e" Inc. will offer several upcoming opportunities at the museum, including a summer camp in August. For more information, visit *www.einc-action.org*.

CAN YOU SOLVE THE CLIMATE PUZZLE?

— *Claflin Awards*

(Continued from page 1)

Department of Radiology, presented an overview of her work, and thanked the award committee for the chance to remain productive in the lab while balancing career with parenthood. "Usually children are viewed as an obstacle to an academic career, or any career, but at the MGH my children have been an incentive for my academic career," she said. "I dedicate this award to the hardworking mothers in my family. I wish every woman could receive recognition and support at work because they raise their children and work at the same time."

Stephen Calderwood, MD, chief of the Division of Infectious Disease, and long-time supporter of the Claflin Award program, explained how the direct effect of these awards can be seen in the hiring of additional staff to help with an awardee's research. Calderwood thanked the supporters of the award and the recipients for their hard work and dedication. "Thank you very much for supporting each other, research at this institution and the MGH overall."

Honoree and presenter Susie Huang, MD, PhD, of the Department of Radiology, shared a photograph of her mother, who passed away last fall. "To me, receiving the Claflin Award is a continuation of my mother's legacy, to allow me to be there for my children when they most need me as they are growing up."

In recognition of the award's 20th anniversary – and its 110 awardees – a celebration is being planned for the fall.

2017 Claflin Award recipients

Marta Bianciardi, PhD, Department of Radiology/Athinoula A. Martinos Center for Biomedical Imaging, "Imaging individual brainstem nuclei and pathways in sleep disorders"

Esther Freeman, MD, PhD, Department of Dermatology/Global Health Dermatology, "Incidence of Kaposi's sarcoma despite antiretroviral treatment for HIV"

Jennifer Ho, MD, Department of Medicine/Cardiovascular Research Center, "The association of metabolic disease and pulmonary hypertension"

Susie Huang, MD, PhD, Department of Radiology/Athinoula A. Martinos Center for Biomedical Imaging, "Characterization of axonal injury and myelin integrity in multiple sclerosis using ultra-high gradient diffusion MRI"

Marcela Maus, MD, PhD, Department of Medicine/Center for Cancer Research, "Design and evaluation of re-directed T cells for multiple myeloma"

Shannon Stott, PhD, Department of Medicine/Center for Cancer Research, "A microfluidic liquid biopsy to predict post-resection response in pancreatic cancer"

— *Tourniquet*

(Continued from page 1)

services to reach the victim. "People with traumatic bleeding can die from blood loss within 5 minutes," King says. "This is why it's extremely important for everyone to know how they can help. People who receive the training retain the skill for years afterward."

Paul Biddinger, MD, director of the MGH Center for Disaster Medicine, says tourniquet kits – purchased through a grant King received from the MGH Ladies Visiting Committee – will be placed in all automated external defibrillator (AED) cabinets throughout the main campus, in Police and Security vehicles and soon will be available at MGH off-site locations. "I am proud of this hospital for being the first to take on this effort," Biddinger says. "MGH employees promote the health and well-being of our patients every day, and with this training we can extend our care beyond our walls – wherever the emergency may be."

While the program is in its early stages, it already has begun to grow within the Partners HealthCare system. King recently hosted training sessions for all members of MGH Police and Security. Partners staff at Assembly Row also participated in training sessions.

Open training sessions will be hosted Aug. 4 from 8 - 9:30 a.m. and Aug. 15 from 8 - 9:30 a.m. in the Their Conference Room. Classes have a maximum of 20 attendees. To enroll, contact Christine Amore at *camore@partners.org*. ■

Ready for the race

"UP UNTIL SIX YEARS AGO, I was one of the lucky ones," says David Richter, co-chair of the Everyday Amazing Race. "My immediate family had never been touched by cancer." Then, in 2011, Richter's brother, Jake, was diagnosed with stage 3B melanoma and received treatment at the MGH Cancer Center.

When Brian Sheehan's mom was diagnosed with stage I breast cancer, his family also came to the MGH Cancer Center for care. "I am so grateful to the Cancer Center for the gift of my mom," says Sheehan, who serves as co-chair of the Everyday Amazing Race. "Today my mom is an active 75 year old who remains cancer-free."

To recognize and thank the teams who treated and cared for their families, Richter and Sheehan became involved with planning and supporting the inaugural Everyday Amazing Race, which raises funds for the Cancer Center. The family friendly race begins at 8 a.m. Sept. 10 at the Hatch Shell and will run along the Charles River Esplanade. Events include a 5K run, 2K walk and a 100-yard kids' dash. A pancake breakfast by the Four Seasons Hotel Boston will follow.

All proceeds directly support cancer research and care at the MGH Cancer Center. For more information visit, *www.everydayamazingrace.org*. ■

MASS GENERAL CANCER CENTER
EVERYDAY AMAZING™ RACE
5K RUN · 2K WALK
KIDS' DASH

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08.04.17

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Ferris named MGPO chairman and CEO

TIMOTHY G. FERRIS, MD, has been named chairman and CEO of the MGPO, effective Aug. 1. Ferris served as senior vice president for Population Health Management for the MGH/MGPO and was the former medical director for the MGPO. He also was the senior vice president for Population Health Management at Partners HealthCare.

"Being a physician at MGH means working every day among the smartest, most dedicated and most compassionate people on the planet," says Ferris. "It is a daily reminder of how much we still have to learn. I am deeply honored to be trusted with this responsibility and look forward to facing the challenges and opportunities ahead with such a terrific team."

Ferris' clinical activity and numerous administrative positions have made him a well-known presence throughout the MGH and MGPO – including serving as MGPO medical director from 2007 to 2014. He has spent his entire career at this hospital, beginning with his residency in 1992, training in both internal medicine and pediatrics. He continues today as an active primary care physician in Internal Medicine Associates. His clinical interest involves caring for medically complex patients, and his practice includes making home visits to the elderly.

Since 2012, Ferris has led the design and implementation of system wide care delivery changes to respond to the changing health care environment, enhancing care delivery, increasing access to care, and reducing the health care cost burden. He has successfully turned new laws, regulations and payment policies into opportunities to provide better care for patients.

(Continued on page 4)

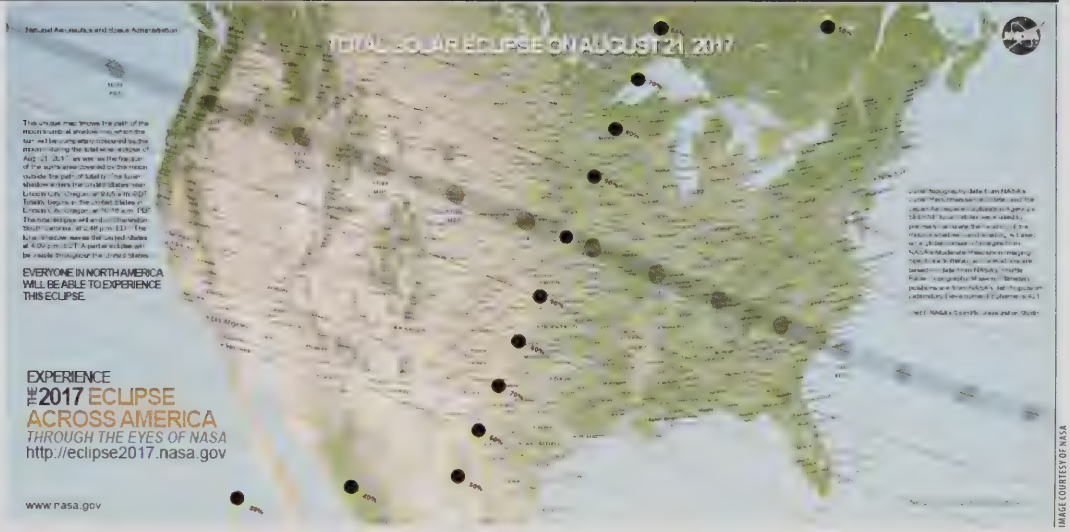

National Aeronautics and Space Administration
TOTAL SOLAR ECLIPSE ON AUGUST 21, 2017
EVERYONE IN NORTH AMERICA WILL BE ABLE TO EXPERIENCE THIS ECLIPSE.
EXPERIENCE THE 2017 ECLIPSE ACROSS AMERICA
THROUGH THE EYES OF NASA
http://eclipse2017.nasa.gov
www.nasa.gov

IMAGE COURTESY OF NASA

Eyes to the sky: Solar eclipse Aug. 21

ON AUG. 21, the first total solar eclipse in 38 years will cross over the continental United States. The 70-mile-wide shadow created by the moon will cross from Oregon to South Carolina. Those in that path will be able to see a total eclipse of the sun for 2 minutes. Although Massachusetts is not in this shadow, people will still see a partial eclipse that will partially block the sun and change the ambient light for a few minutes.

According to NASA, while total solar eclipses are not particularly rare, occurring roughly every 18 months, the United States will not experience a total solar eclipse until October 2023. That one will travel between Northern California and Florida and this also will result in a partial eclipse for the Northeast. In 2024 there will be a total eclipse with a path over Massachusetts. For a total eclipse to take place, the sun, moon and Earth must be in a direct line. Eclipses occur due to the special coincidence of the moon and the sun being the same angular size. The sun is 400 times wider than the moon, but it is also 400 times farther away, so they coincidentally appear to be the same size in the sky.

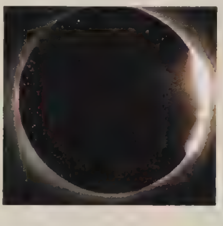
"During a solar eclipse, the moon casts two shadows on Earth," NASA says. "The first shadow is called the umbra (UM bruh). This shadow gets smaller as it reaches Earth. It is the dark center of the moon's shadow. The second shadow is called the penumbra (pe NUM bruh). The penumbra gets larger as it reaches Earth. People standing in the penumbra will see a partial eclipse. People standing in the umbra will see a total eclipse."

Sun safety during the eclipse

LATER THIS MONTH, eyes will turn to the sky to witness a once-in-a-lifetime solar eclipse. While this natural phenomenon may be a sight to behold – protecting your sight while doing so is key.

"If you glance at the partially eclipsed sun for split second, you will not burn your retinas permanently – just like if you glance at the sun for a split second on a regular day," says Jason Comander, MD, PhD, associate director of Inherited Retinal Disorders Service at Massachusetts Eye and Ear Infirmary. "But then there is the temptation to do it again and again, or for longer, and the damage builds up. Surprisingly it does not hurt if you start staring long enough to damage your retina."

It is possible, however, to view the eclipsed sun safely, Comander says. "There are also are several ways to look at the eclipsed sun without spending any money. Everyone should be able to enjoy it."



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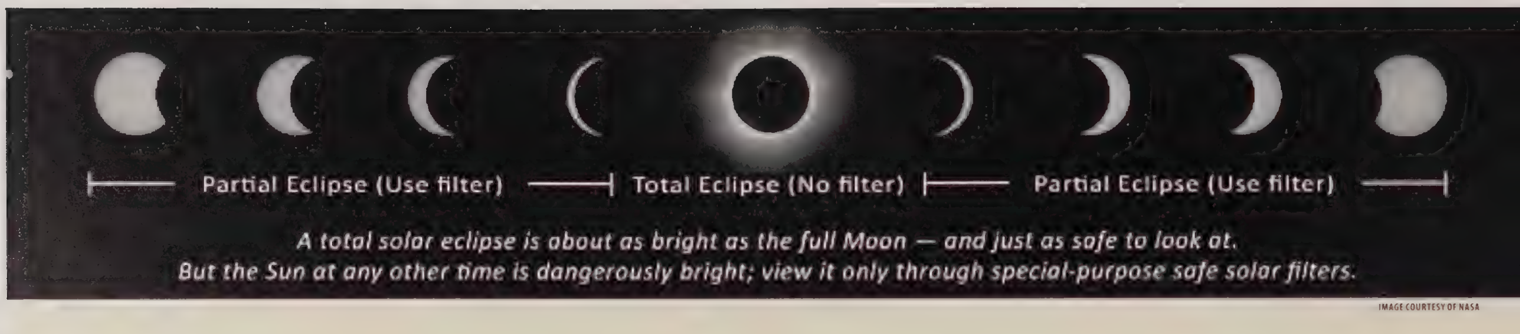

Partial Eclipse (Use filter)
Total Eclipse (No filter)
Partial Eclipse (Use filter)
A total solar eclipse is about as bright as the full Moon — and just as safe to look at.
But the Sun at any other time is dangerously bright; view it only through special-purpose safe solar filters.

IMAGE COURTESY OF NASA

— *Sun safety*

(Continued from page 1)

Helpful tips:

- Do not look at the sun through binoculars, cameras, telescopes or any type of magnifying device. "These can really damage your eyes quite quickly," Comander says.

- Wear eclipse glasses that have black or silver shields over the eyes. Glasses should have a certified ISO 12312-2 code marking on them, and should come from a reputable vendor. Many of these sellers are listed on the American Astronomical Society website (*aas.org*). "If the glasses are damaged in any way – scratched, torn or cracked – you shouldn't use them," Comander says.

- Create a pinhole project by poking a hole through a piece of paper. Stand with your back to the sun and hold the paper over the ground or against a wall. As the sun shines through the hole, the crescent of the sun will be seen in the shadow. Another option for viewing the eclipse without any special equipment is to stand with your back to the sun and create a lattice by crossing the outstretched, slightly open fingers of one hand over the outstretched, slightly open fingers of the other.

"Based on what's published in the latest journals, the population at highest risk for damage to their eyes are teenage boys," Comander says. "It comes down to this: Sometimes people do not pay attention to the warnings they have heard. I think people should just remember it's dangerous to stare into the sun – because sometimes vision comes back, and sometimes it doesn't."

Committed to compassionate, quality care

"TODAY MARKS the opportunity to say thank you for all our patients, family members and each other. We care for the sickest of the sick, yet we come to work every day to care for our patients and our organization," said Jeanette Ives Erickson, RN, DNP, senior vice president for Patient Care and chief nurse, during her remarks at the fourth annual MGH Service Excellence Awards.

More than 250 people attended the July 20 event at the Wyndham Boston Beacon Hill Hotel where outpatient practices, inpatient units, individuals, leaders and teams were celebrated for their extraordinary achievements in improving the patient experience at the MGH.

Recipients were recognized in two award categories including nomination-based awards – for individuals, leaders, and for departments/programs/teams – and "score-based" awards for achievement in service excellence metrics across the continuum.

"Reading all the nominations showed the amazing work across the practice," said Inga Lennes, MD, senior vice president for Service Excellence. "We are so thrilled to once again honor these dedicated staff members."

This year, 150 nominations were submitted and a total of 10 departments/programs/teams, eight individual and seven leadership recipients were honored. In addition, 54 practices and units were recognized for contributions in the score-based category.

DOWNTOWN DEDICATION: From left, Lennes; Barbara Holbert, MD, medical director; Dione Jeffrey, Patient Services coordinator; Mary Cramer, executive director of Organizational Effectiveness and chief experience officer; and Regina Cosmides, administrative manager.

Accio fun!

POTTER PARTY: Pediatric cancer patients and their families were spellbound by The Hole in the Wall Gang Camp's annual celebration, Camp Day, on July 20. Bringing magic to the Yawkey 8 halls, children participated in Harry Potter-themed activities, including archery, spin art, wand and slime-making and an ice-themed experiment hosted by the Boston Museum of Science STEAM Team before being "sorted" into houses that make up the story's fictional school, Hogwarts.

MGH Endowed Chair and Scholar Program marks major milestone

THE MGH HAS REACHED a momentous milestone through the establishment of 100 endowed chairs and scholars.

A recent gift honoring the work of Isaac Schiff, MD, established the Minehan-Schiff Endowed Scholar in Obstetrics and Gynecology. Under the leadership of Jeffrey Ecker, MD, chief of the Department of Obstetrics and Gynecology, this scholar provides funding to advance the highest quality patient care, research and education in the field of obstetrics and gynecology.

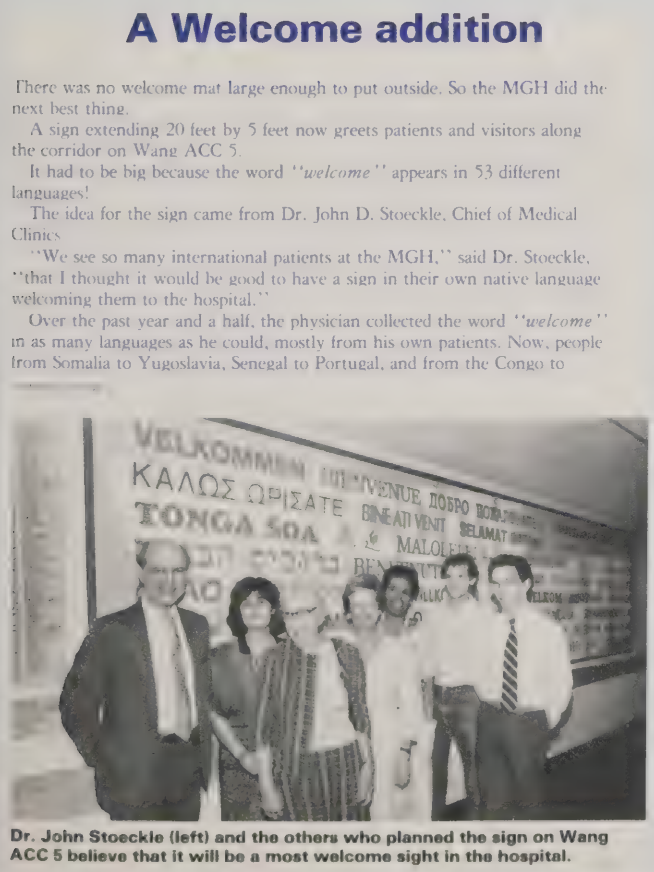
"In addition to serving as one of the MGH's highest honors, an endowed chair or scholar provides the recipient and his or her department with valuable resources to sustain innovative teaching and groundbreaking research for years to come," said W. Gerald Austen, MD, chairman of the MGH Chiefs' Council and co-chair of the hospital's Philanthropy Program.

The MGH Endowed Chair and Scholar Program was founded in 2011 by Austen, in collaboration with Development Office leadership. It honors and funds the work of the hospital's outstanding researchers and clinicians. In 2014, the program was expanded to create the first MGH Endowed Chair in Nursing, and again in 2015 to create the inaugural Endowed Research Institute Chair.

HIGHEST HONOR: From left, Ruskin, Alomran and Roman DeSanctis, MD, director of Clinical Cardiology emeritus

Jeremy Ruskin, MD, founder and director emeritus of the Cardiac Arrhythmia Service, was honored last year as the inaugural incumbent of the Omran Alomran Endowed Chair in Cardiology. "What this chair means to me is an opportunity to focus on two things: physiology and mentoring," he said. "It's pretty extraordinary to be doing what we are doing and where we are doing it. We have opportunities that almost no one else ever gets and I am very grateful for that."

Flashback Friday: A warm welcome to the Wang



A Welcome addition

There was no welcome mat large enough to put outside. So the MGH did the next best thing.

A sign extending 20 feet by 5 feet now greets patients and visitors along the corridor on Wang ACC 5.

It had to be big because the word "*welcome*" appears in 53 different languages!

The idea for the sign came from Dr. John D. Stoeckle, Chief of Medical Clinics.

"We see so many international patients at the MGH," said Dr. Stoeckle, "that I thought it would be good to have a sign in their own native language welcoming them to the hospital."

Over the past year and a half, the physician collected the word "*welcome*" in as many languages as he could, mostly from his own patients. Now, people from Somalia to Yugoslavia, Senegal to Portugal, and from the Congo to

Dr. John Stoeckle (left) and the others who planned the sign on Wang ACC 5 believe that it will be a most welcome sight in the hospital.

FLASHBACK FRIDAY is an installment highlighting stories from the *MGH Hotline* archive. This week's flashback from the Aug. 6, 1987 edition features a creative diversity and inclusion effort at the MGH.

Here is the full story:

There was no welcome mat large enough to put outside. So the MGH did the next best thing. A sign extending 20 feet by 5 feet now greets patients and visitors along the corridor on Wang ACC 5. It had to be big because the word "welcome" appears in 53 different languages! The idea for the sign came from Dr. John D. Stoeckle, Chief of Medical Clinics.

"We see so many international patients at the MGH," said Dr. Stoeckle, "that I thought it would be good to have a sign in their own native language welcoming them to the hospital." Over the past year and a half, the physician collected the word "welcome" in as many languages as he could, mostly from his own patients. Now, people from Somalia to Yugoslavia, Senegal to Portugal, and from the Congo to Togo can be greeted by the MGH in their own tongue.

Joanne Perry, the Primary Care Program Education Coordinator, assembled the languages with the help of the Berlitz Translation Center. "With 2,796 different languages spoken in the world, we tried to narrow it down as much as we could," she explained. "Berlitz was wonderful, especially Paul Ross. He worked with us in coming up with many of the less common languages. They did the same thing for the 1984 Summer Olympics."

Brian Rutana, a freelance artist, designed the sign, and the MGH Medical Art Department served as a consultant. Two of Dr. Stoeckles's patients — 94-year-old Olivia Finlay and Constance Rabinowitz — contributed funds for the sign.

"We hope people come and look at it," said Dr. Stoeckle. "We want them to know that the MGH is for everyone, from every culture and background."

Where in the world (at the MGH) is Mini Apollo?

YOU MAY HAVE spotted him at the employee summer picnic. You may have seen him on posters and flyers throughout the hospital. But now the travel-sized intranet sensation could be anywhere in the MGH. After all, Mini Apollo has an adventurer's heart and is ready to explore.

Starting this week, the Apollo intranet homepage: *Apollo.massgeneral.org* will feature a photo of Mini Apollo hiding in plain sight. Submit a guess of where in the MGH Mini Apollo is pictured each week and be entered to win a *coveted Apollo intranet pen. The pen that once graced the marble man's hand is promised to provide the ultimate writing experience to the lucky winner.

The "Where in the MGH is Apollo?" photo will appear as one of the five scrolling news stories on the homepage. Check the photo for clues, and submit a guess where the statue is by emailing *apollo@partners.org*. Is he in the Wang Lobby? Is he in line at Coffee Central? One winning entry will be selected from all correct submissions. One submission per employee per week, please.

**Description based on comments from a handful of MGH employees.*

Family fun at Fenway

MORE THAN 65 exhibitors filled Fenway Park July 23 to educate, promote and engage with attendees about health and wellness at the annual El Mundo Latino Family Festival. The MGH hosted two tables – featuring staff and informational materials from programs including Childhood Obesity Prevention, the Diabetes Center and the Speech, Language, Swallowing and Reading Disabilities. Some 300 visitors explored resources and received screenings during the event, which also included giveaways of water bottles and squishy brain toys.

The MGH Committee for Latino Initiatives also raffled off tickets to New England Revolution soccer games as well as two bicycles, encouraging young people to stay active.

HELPING HAND: [illegible] Albritton-Ross, of Human Resources, helps out at one of the tables at the Festival

"The family festival is a great opportunity to reach out into the Latino community," says Milton Calderon, volunteer coordinator in the MGH Volunteer Department, member of the Committee for Latino Initiatives, and chair of the El Mundo Latino Family Festival. "It was also a wonderful chance to come together as a team representing MGH and promoting health and well-being in our community."

— Ferris

(Continued from page 1)

Beyond his work at the MGH and Partners, Ferris has played multiple roles at the national level, including chairing the steering committee of the National Quality Forum and working as a member of the Secretary of Health and Human Services independent advisory council on physician payment policy. Ferris was integral to the MGH/MGPO's application for and selection as the site of a six-year Medicare demonstration project examining how to redesign care to improve quality and decrease costs for Medicare beneficiaries. That highly successful project received national attention and has become the model for similar programs both in the United States and abroad.

Ferris succeeds Thomas J. Lynch, Jr., MD, who stepped down from the MGPO role in March to assume the position of chief scientific officer at Bristol-Myers Squibb.

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08.10.17

MGH HOTLIN

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

LOOK INSIDE FOR
A GLOBAL GLIMPSE:
MGH IN UGANDA

New chief for Division of Infectious Diseases

ROCHELLE WALENSKY, MD, MPH, co-director of the MGH Medical Practice Evaluation Center, has been named chief of the Division of Infectious Diseases, effective Sept. 5. She will succeed Stephen Calderwood, MD, who has guided the division for 27 years.

"I am a deeply grateful beneficiary of Dr. Calderwood's leadership, personally and professionally, and I am thrilled to embrace this next step," says Walensky. "Steve leaves an indelible legacy within a spectacular division, and I will work tirelessly to ensure MGH's place as a national and international leader in the field of infectious diseases."

WALENSKY

Walensky is an internationally recognized leader in the clinical and economic outcomes of medical decisions and has made significant contributions in the methods of decision science, Monte Carlo mathematical simulation and cost-effectiveness analyses to promote access to HIV care in the U.S. and abroad.

She has been continuously funded by the NIH since completing her fellowship training and has received substantial recognition for her high-quality translational research. She also is an active teacher and mentor across the MGH and Harvard.

Walensky is a graduate of Johns Hopkins University School of Medicine and the Harvard School of Public Health. She completed her residency in internal medicine at Johns Hopkins Hospital and clinical and research fellowships in Infectious Diseases in the combined Brigham & Women's Hospital/MGH training program.

Throughout her 16 years at the MGH, she has served as co-director of the Medical Practice Evaluation Center, director of the HIV Clinical Research Conference at the Harvard Center for AIDS Research (CFAR) and the associate director of the Program in Epidemiology and Outcomes in CFAR.

MASSACHUSETTS GENERAL HOSPITAL
ENTRANCE
ENTRANCE

Lasting Impressions

"LAW ENFORCEMENT IS ABOUT helping people. If you're not all about helping people, then this is not the career path for you," said Dan Coleman, Investigative and Intelligence manager for MGH Police, Security and Outside Services, while addressing a group of YMCA Teen Achievers Aug. 10.

Dianne Austin, Workforce Diversity Program manager, said this year's program was selected to share with the teens a different perspective about police work as it relates to health care and provide an opportunity to explore a side of Police and Security rarely seen.

Following Coleman's presentation about special investigations, technology and social media, students toured the Dispatch Center. Matthew Thomas, CPP, Training, Development and Communications specialist, spoke with the group about operations and noted the MGH has the largest integrated security system of any hospital in the country. Many students expressed surprise that MGH Police and Security not only monitors and protects the hospital community, but also collaborates with the Boston Police Department.

Thomas said he hopes the students learned more about different professions within a hospital and he enjoyed sharing his own experiences with them. "I got to interact with people I don't encounter daily. To be able to spend four to five hours with kids, to leave a little bit of a lasting impression and to be the cause of that impression, is the greatest feeling." ■

Defining, shaping the future of MGH

THE MGH IS LAYING the groundwork for its next fundraising campaign, which will include asking staff to propose innovative "big ideas" to serve as the effort's centerpiece.

"We want everyone in our hospital family to think about what this institution might do that could be truly transformational," says Peter L. Slavin, MD, MGH president. "We want your big ideas – ambitious and grand suggestions that have the potential to have a deep impact on health care and medicine. These ideas will help us define and shape the campaign that lies ahead."

While building philanthropic support for all programs, this fundraising effort also provides an opportunity to showcase and propose ideas that have the potential for broad and lasting impact. In recent years, a decline in federal funding for research has heightened the importance of philanthropy for the MGH.

(Continued on page 4)

global health
collaborative
MUST · Uganda

>125 **EMPLOYEES** >1,200 **INTERNATIONAL VISITORS SINCE 2011**

Global Glimpse: MGH around the world

"When in distress, every man becomes our neighbor." Those words were penned by MGH founders more than two centuries ago, yet they continue to ring true today. Clinicians, researchers, students and staff travel the world to provide care, comfort and education to those in need. Here, Hotline highlights just some of the people and efforts happening in Uganda.

UGANDA COLOR RUN FOR PEDIATRIC CANCER
UGANDA

Strong support

Working closely with MGH Global Health and the Global Health Collaborative in Uganda, Wellesley teenager James Mooney and his supporters have raised money to help construct a new 15-bed pediatric oncology unit at Mbarara Regional Referral Hospital and to train the only oncologist in Southwestern Uganda, which has a population of more than 10 million people. Money was raised through Mooney's 5K Uganda Color Run for Cancer, launched in 2015. In July, 350 runners participated in the third annual event, raising $31,000 to expand the program.

Doctors press for Uganda breast cancer screening

TWO DOCTORS FROM THE MGH have teamed up with the Mbarara University of Science and Technology (MUST) to help reshape public health in sub-Saharan Africa. Their goal is to dramatically decrease the mortality rate from breast cancer with accurate and early diagnoses and treatment.

During her MGH residency, Omonigho "Omo" Aisagbonhi, MD, PhD, MGH pathologist, taught at MUST and last November she returned to Uganda for a year-long stay. Together with Drucilla Roberts, MD, MGH associate pathologist, they are working to grow the MUST Pathology Department.

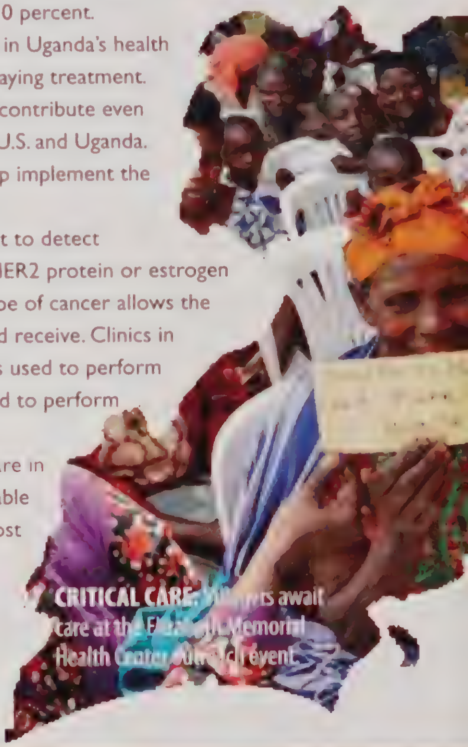
In Uganda, breast cancer is the second-most common form of cancer found in women, and more than 60 percent of East African women who are diagnosed with breast cancer die from their disease. In contrast, the mortality rate of U.S. women with breast cancer is about 10 percent.

Because of inadequate funding and systematic inefficiencies in Uganda's health care system, breast cancer is often detected in later stages, delaying treatment. But differences in how breast cancer is initially diagnosed may contribute even more strongly to the disparity in mortality rates between the U.S. and Uganda. The doctors aim to have the needed diagnostic supplies to help implement the technique known as diagnostic immunohistochemistry (IHC).

In the U.S., breast tumors routinely receive the IHC lab test to detect whether the tumor cells test positive for factors such as the HER2 protein or estrogen and progesterone hormone receptors. Identifying the exact type of cancer allows the breast pathologist to establish the path of care a patient should receive. Clinics in Uganda lack the necessary equipment and chemical substances used to perform IHC laboratory tests. Medical professionals also are not trained to perform the tests.

Aisagbonhi and Roberts are working to change that. They are in the process of training lab staff, and the test soon will be available for use on-site, allowing doctors and nurses to provide the most efficient course of treatment for their patients.

"MUST is so hungry for education and training," says Roberts. "It's a small pathology department so to have another pathologist there is huge. Omo will offer insight and a consistency to their training. That will be worth gold." ■



CRITICAL CARE: [illegible] await care at the [illegible] Memorial Health Center [illegible] event

TRAINING FOR TOMORROW

MGH Global Health offers two innovative initiatives for physicians – a four-year Global Medicine Residency Program and a year-long Global Medicine Fellowship – aimed at building meaningful partnerships, impacting the health of communities both locally and globally, and developing future leaders to advance health equity.

EXPANDING REACH

The MGH has partnered with the Mbarara University of Science and Technology for more than a decade to enhance patient care and support local clinicians in managing a diverse range of medical conditions. Recently the partnership expanded to include nursing mentorship and education through the innovative MGH Global Nursing Fellowship, in which MGH nurse-fellows travel to low-resourced settings to provide classroom instruction and guidance on clinical units to foster both professional development and excellence in clinical practice.

COMPASSIONATE COMPETITION

On Aug. 26-27, the fifth annual Consortium for Affordable Medical Technologies (CAMTech) Uganda Medtech Hack-a-thon will bring together engineers, clinicians, students and designers to brainstorm to identify and create prototype solutions and business models to address clinical challenges related to neonatal and maternal health.

PROGRESSIVE ENTREPRENEURSHIP

The five-day HopeNet Health Fair provides free screening for HIV, non-communicable diseases and cervical cancer for the Nyakabare population. Hosted every two years, the fair also allows researchers to track and measure the illnesses and to study how access to clean water and livelihood interventions – such as measuring the impact of small-scale chicken farming operations – impact economic, health and social outcomes.

30 MASTERS IN **MEDICINE** **22** MASTERS IN **NURSING** SCHOLARSHIPS **12** **INTERNATIONAL** CLINICAL PARTNERSHIPS

Sacred ground: A granddaughter's dream realized

IN THE SOUTHWESTERN REGION of Uganda, in the district of Kasese – a region historically inflicted by civil war, disease and lack of access to quality health care – lies 2 acres of land once owned by Elizabeth Kalimunda. It is on this plot that Dorothy Ndishabandi, a research technician in the MGH Department of Pathology, is building the Elizabeth Memorial Health Center – named in honor of her late grandmother – to bring care to nearby communities.

Ndishabandi was born in Kilembe in the Kasese district. Her family moved to the U.S. in 2003 when she was 12 years old. "I am fortunate to have a supportive family that has helped me thrive and become the person I am today," she says. "Some of the people I grew up with were not as fortunate. They suffered epidemic outbreaks, diseases and some are now dead. Among those people was my grandmother."

Like many others in Uganda, Kalimunda's condition had been poorly diagnosed, and she didn't receive proper care. By the time the cervical cancer was discovered, it was too late. "Her death stayed with me for quite a while," says Ndishabandi. "It was an injustice that she didn't receive proper care and treatment when she needed it most."

Blood pressure checks

While still in high school, Ndishabandi, now 26 years old, approached her parents with the idea of creating a health facility offering affordable and exceptional patient-centered care. She wanted to build it in the Kasese district – on her grandmother's land. "What better way to honor my grandmother than to give back to the community she lived in and loved," says Ndishabandi.

She worked three jobs to support herself through college and to save money to build the health center and in 2011, construction began. It was funded entirely by Ndishabandi. Since then, she graduated from high school and college, moved from Mississippi to Boston, continued to work full-time – she has been at the MGH for five years – and published her own cookbook, all profits benefiting the health center.

And, she's continued to construct the Elizabeth Memorial Health Center – brick-by-brick, wall-by-wall.

CLINICAL OUTREACH

Lack of proper treatment facilities, limited knowledge and awareness of diseases and inability to access health centers are among the major issues impacting health care in the region. Only about 50 percent of Ugandans live within a 5 km walk to a health facility, and more than 80 percent of people in Kasese live in rural areas where diseases – such as pre-natal conditions, malaria, measles, tetanus, tuberculosis, cervical cancer and hepatitis B – are most prevalent.

NDISHABANDI

Amazing things are Happening @ Elizabeth Memorial Health Centre ☺

"The Elizabeth Memorial Health Center will benefit the people in the community and surrounding villages who travel long distances to the city for immediate medical attention," says Ndishabandi. "Its main focus will be on maternal and child health, to create a system that is functional not only as the child grows up, but before they are born. By monitoring the health of expecting mothers and of children under the age of 15, we can reduce the spread and severity of infectious diseases."

To introduce the clinic to the community, Ndishabandi hosted an onsite outreach event in April. With the help of many volunteers and community doctors and nurses, the group provided numerous services, including cervical cancer screenings, hepatitis B screenings, blood pressure and blood glucose checks, an eye clinic and an ear, nose and throat clinic. They also documented vital signs, assessed minor issues and addressed patient concerns. Through word of mouth alone, 425 people showed up for screenings.

"I wanted to make my intention to serve known to the community and the Ministry of Health," says Ndishabandi. "This helped us better understand the health issues affecting the community, so we can align the center's goals to reflect the community's health needs. The event could not have been possible without the help of the volunteers in Uganda and the support from friends and co-workers here in the United States. The clinic is not yet operational so the need for medical attention in the area stays unsolved."

HEALTH GOALS

While the first clinical outreach was a success, there is still electrical, plumbing and further interior work that needs to be completed before the health center is fully open and operational.

Ndishabandi hopes in the future to collaborate with health care institutions, educational facilities and clinicians to foster a teaching environment promoting awareness and education to further improve health outcomes. "If we create health programs for individuals and the community to participate in, we are empowering them to prevent and manage disease throughout their lives," she says.

"I hope now to finish the rest of construction before I go back to Uganda again. As each room is completed, it will start being used for care. There may not be any fancy 'grand opening,' but I just want to start helping the community, and I couldn't be more excited about it." ■

BUILDING BLOCKS OF CARE: At left, Ndishabandi, when construction first began. The health [illegible]

MGH named a top hospital by U.S. News & World Report

THE MGH HAS BEEN RANKED #4 in *U.S. News & World Report's* Best Hospitals 2017-2018 and is the only hospital ranked across all 16 specialties. Of the nearly 5,000 hospitals evaluated, the MGH has consistently placed among the top five hospitals on the honor roll since its inception in 1990.

U.S. News & World Report regularly updates its methodology, and this year brought several changes that appear to have had an impact on many hospitals, including the MGH. The most significant changes involve the way *U.S. News* calculated its survival scores, now using a different Medicare dataset and placing more emphasis on socioeconomic status of patients.

A detailed list of the rankings, including the methodology used by *U.S. News & World Report*, is available at *www.usnews.com/besthospitals*.

The MGH's rankings in all 16 specialty areas are:

Cancer	12
Cardiology and Heart Surgery	5
Diabetes and Endocrinology	2
Ear, Nose and Throat (with Massachusetts Eye and Ear Infirmary)	2
Gastroenterology and GI Surgery	5
Geriatrics	8
Gynecology	11
Nephrology	8
Neurology and Neurosurgery	3
Ophthalmology (with Massachusetts Eye and Ear Infirmary)	4
Orthopedics	7
Psychiatry	2
Pulmonology	4
Rehabilitation (with Spaulding Rehabilitation Hospital)	4
Rheumatology	8
Urology	22

Primary care openings for MGHers

OPEN ENROLLMENT FOR 2018 benefits will occur this fall. For staff who wish to request a new primary care physician, the MGH health plan offers the best care and the lowest out-of-pocket costs when you receive care from an MGH or Partners provider. Below are sites with primary care openings:

AMBULATORY PRACTICE OF THE FUTURE

The Ambulatory Practice of the Future (APF) is a primary care practice specifically designed for MGH employees and their dependent spouses/partners. The APF uses a team-based, proactive approach to care that ensures that its patients are active partners in the decisions that affect their health.

101 Merrimac Street
10th Floor, Suite 1000, Boston
617-724-1100

MGH BACK BAY

388 Commonwealth Ave., Boston
617-267-7171
Serves newborns to adults

EVERETT FAMILY CARE

19 Norwood St., Everett
617-397-7500
Serves newborns to adults

CHARLESTOWN HEALTH CARE CENTER

73 High St., Charlestown
617-724-8138
Serves newborns to adults

CHARLESTOWN PEDIATRICS

73 High Street, Charlestown
617-724-8135

REVERE HEALTH CARE CENTER

300 Ocean Ave., Revere
Adults: 781-485-6300
Adults/Pediatrics: 781-485-6350
Pediatrics: 781-485-6024

CHELSEA HEALTH CARE CENTER

151 Everett Ave., Chelsea
Adults: 617-889-8580
Pediatrics: 617-889-8520

NORTH END WATERFRONT HEALTH

332 Hanover St., Boston
Adults and pediatrics: 617-643-8000

NEW HEALTH CHARLESTOWN

15 Tufts St., Charlestown
Family medicine: 857-238-1100

MASS GENERAL PRIMARY CARE AT ASSEMBLY ROW

440 Foley St., Somerville
857-282-0777
Will begin accepting registration from MGH/Partners employees only on Aug. 23.

ADOLESCENT & YOUNG ADULT MEDICINE

32 Fruit Street, Yawkey 6D, Boston
617-643-1201

PEDI GROUP PRACTICE

32 Fruit Street, Yawkey 6D, Boston
617-726-2728 ■

— *Shaping the future*

(Continued from page 1)

The Campaign for the Third Century of MGH Medicine, the MGH's most recent campaign, ended in 2013 after raising $1.72 billion, surpassing the original goal of $1.5 billion.

That effort resulted in the creation of several programs, including Home Base, a Red Sox Foundation and MGH Program – which has become a national model for successfully helping military veterans and their families heal from the invisible wounds of war. It also produced MGH's innovative substance use disorder initiative.

In early September, MGH staff will be invited to share their ideas and proposals via a special website.

An announcement with more details will be posted on *apollo.massgeneral.org*.

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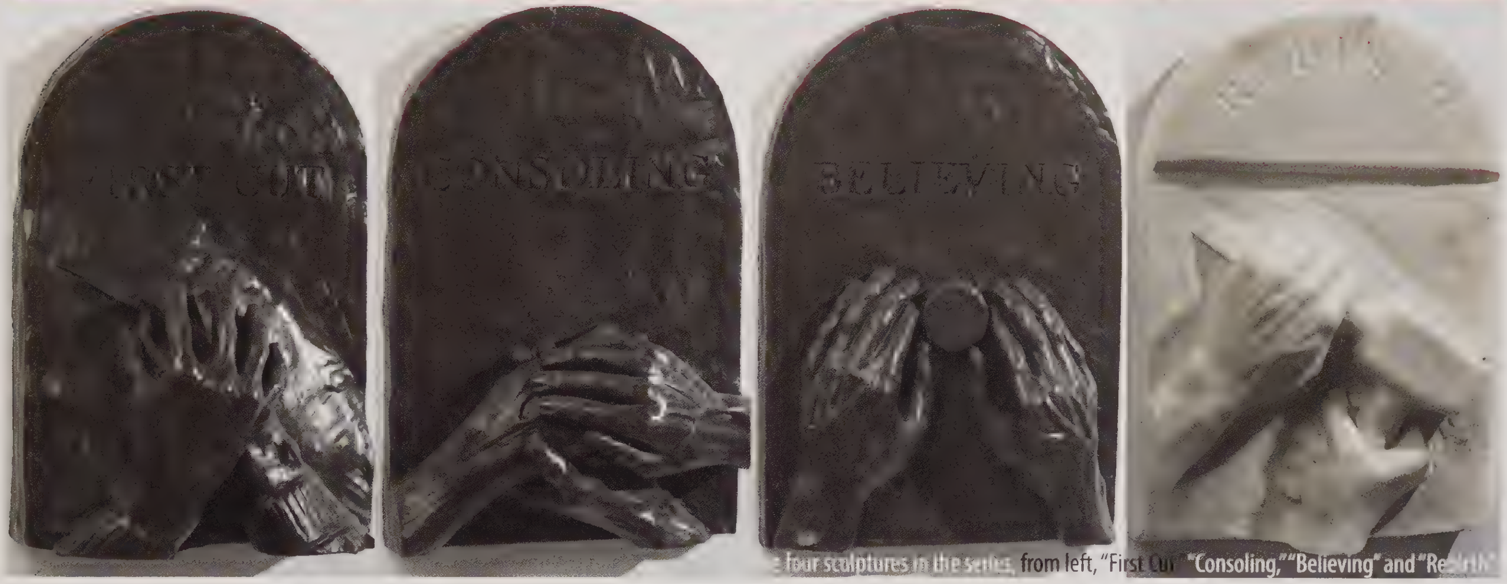
MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL



The four sculptures in the series, from left, "First Cut," "Consoling," "Believing" and "Rebirth"

'Passion of a Surgeon'

HE MAY HAVE TRADED his forceps and retractors for a hammer and chisel, but Robert Martuza, MD, chief emeritus of MGH Neurosurgery, hasn't left his love or knowledge of neurosurgery behind. His recently completed series, Passion of a Surgeon, blends together his passions: surgery, science and sculpting.

"At some point in every surgeon's life, we must stop operating, which can often be daunting for a surgeon," says Martuza, who still maintains an active research lab at the MGH. "But many of the same skills acquired by the surgeon over decades can be applied to other areas. For me, one such area is sculpting."

Ten years ago, Martuza began taking classes in clay and bronze sculpting, and progressed to stone sculpting. In 2001, he donated one of his larger pieces, the 800-pound Comforter marble sculpture, to the MGH. The artwork – on display in the Lunder Building – honors the MGH Comforters group who have made and donated quilts to patients at the hospital for the past 16 years.

Martuza's latest sculptures – the first three created in bronze and the final in marble – reflect the life of an academic surgeon with a focus on hands. "Hands can be so much more emotionally expressive than faces and are a lot more action-oriented; they gesture, shake, comfort, cut, sooth and so much more," says Martuza. "As a surgeon, hands are very meaningful to me. Thus, I chose to portray the life of a surgeon through hands."

The Passion of a Surgeon features the "firsts" in the career of a surgeon, starting with teaching, followed by patient care, research and ending with retirement.

"First Cut" depicts the initial time Martuza cut into human flesh.

(Continued on page 4)

Ready at a moment's notice:

Planning and preparing for emergencies

'DISASTERS DON'T PLAN AHEAD. YOU CAN.'

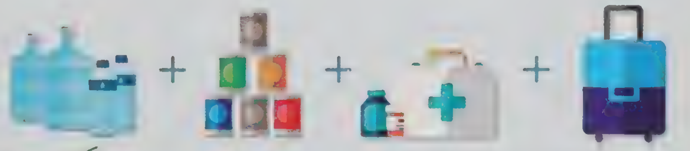
Last week the Category 4 Hurricane Harvey – the first hurricane to hit the state of Texas since 2008 – made landfall. Its intense tornado-like winds and powerful rains have caused catastrophic flooding and severe damage. Federal Emergency Management Agency (FEMA) Director Brock Long has called the storm the "worst disaster in the state's history." Here in New England, the past few years have brought devastating weather-related events including blizzards, coastal flooding and unprecedented tornadoes.

"These terrible situations have really highlighted the importance of emergency preparation efforts," says Paul Biddinger, MD, director of the MGH Center for Disaster Medicine. "Disaster can strike at any moment. We encourage our employees, patients and visitors to make sure they are ready to respond to a disaster both at work and at home. September is National Preparedness Month and there is no better time to discuss with your family what each person's role is in an emergency, how you will get to a safe place and how you will communicate once you are there. You should also create an

(Continued on page 4)

BUILD A KIT

Include enough food, water, and medical supplies for your needs in your emergency kit to last for at least 72 hours.



Ad Council Ready

READY.GOV/MYPLAN

09.01.17

Mass General Waltham opens Foot and Ankle store

THE MISSION OF THE NEW Foot & Ankle Store at Mass General Waltham is to provide orthopedic care for patients and their families for any condition "below the knee." Located alongside the MGH-NWH Orthopaedic Foot & Ankle Center and the MGH Waltham Physical Therapy center, the store provides patients access to high-quality medical products, as well as footwear to meet their foot and ankle needs – whether they have had surgery or are simply seeking a foot and ankle consultation.

"While MGH has long prided itself for its world class foot and ankle care, we find that patients often struggle to find the equipment they need for recovery, be it a specialized running shoe or a knee-scooter for after surgery," says Christopher DiGiovanni, MD, chief of the MGH Foot & Ankle Service. "Medical supply stores often are hard to find and difficult to reach, and the online landscape is inconsistent in quality and often means waiting weeks for an order. The MGH Foot & Ankle Store is specifically designed to meet the clinical requirements and expectations of our diverse patient population, as well as the community, right at the point of care."

THE
FOOT
+ ANKLE
STORE

The area is divided into three sections:

- Medical products and accessories, including mobility aides, podiatric supplies, driving adapters, cold therapy and compression socks.
- Athletic, dress and casual footwear addressing foot and ankle conditions such as flat feet, high arches and painful ankles.
- Off-the-shelf orthotics and in-house 3D printing of custom orthotics, which will be offered in the near future.

"All of the products have been individually vetted and hand-selected by MGH foot and ankle care providers to ensure appropriate choices," says DiGiovanni. "Whether undergoing an ankle replacement or finding a shoe for the Boston Marathon, patients can find all they need under one roof."

All proceeds from the Foot & Ankle Store will be used to support the clinical, educational and research missions of the MGH and its Foot & Ankle Service for the benefit of patients and improving care.

The store is located at MGH Waltham, 40 Second Ave, Building 52, first floor. For more information visit, *https://www.thefootandanklestore.com/*. ■

Exploring and improving veteran outreach

REPRESENTATIVES FROM the U.S. Department of Labor (DOL) Veterans' Employment and Training Service (VETS) recently visited the MGH to discuss ways of providing more resources for veterans, military communities and their families seeking employment. To encourage more companies to hire veterans and their families, representatives met with staff from MGH Human Resources, Partners Human Resources and the MGH Military Veteran Partners (MVP) Employee Resource Group.

The visitors included Ivan Denton, DOL director of the Office of National Programs; Matthew Miller, DOL VETS senior advisor, and Paul Furbush, DOL Regional Veterans' Employment coordinator.

"I'm excited about our potential partnership," said Furbush. "The systems MGH has in place, in particular the Employee Resource Group, are a great start. The wheel is there, our hope at the DOL, is to connect those spokes to make it whole through resources, training and education."

The visit included a discussion of veteran-related initiatives and strategies, lunch and a tour of the MGH.

"The goal of the meeting was to look more critically at what we do as an organization for our veterans through existing programs, and learn more about programs available through the Department of Labor," said Angela Wynder, RN, president of MGH MVP and a veteran. "We want to employ more veterans and help transition their military experience into their civilian career."

For more information, visit *www.veterans.gov*.

Back row from left: Sam Woods, Partners HR; Wynder; Christine Cugini, MGH Development and MGH MVP communications director; Katherine Melanson, Partners HR; and William Davidson, Home Base Program director of Peer Outreach and Support. Front row from left: Steve Taranto, director of Human Resources; Miller, Denton and Furbush

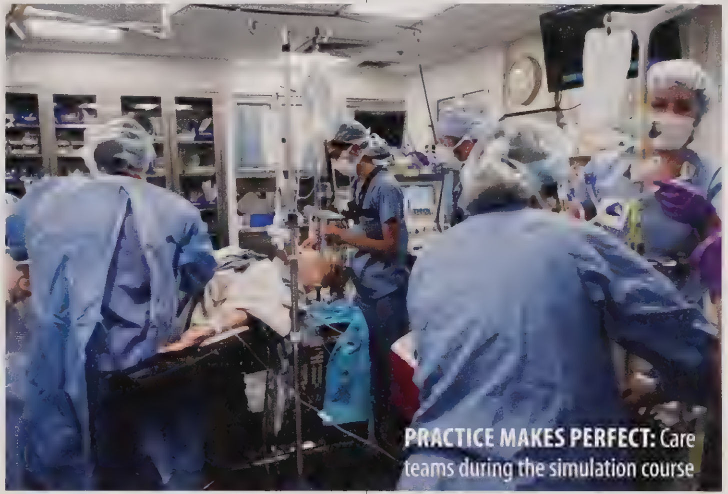
Profiles in Education: *Healthcare Simulation Week*

This profile is part of a series designed to highlight the importance and impact of the hospital's teaching mission and the work of the MGH Executive Committee on Teaching & Education (ECOTE).

In recognition of the inaugural National Healthcare Simulation Week Sept. 11-14, this profile features four employees focused on simulation teaching: Erik Clinton, MD, departmental simulation officer in Obstetrics/Gynecology; Maureen Hemingway, DNP, RN, CNOR, Nursing Practice specialist; Rebecca Minehart, MD, MSHPEd, Operating Room simulation officer in Anesthesia; and Elizabeth West, RNc, MSN, WHCNP, Nursing Practice specialist.

DESCRIBE YOUR RECENT SIMULATION COURSE. WHO WAS TAUGHT AND WHAT DO YOU HOPE THEY LEARNED?

This simulation program introduced a new team training curriculum for interprofessional education. The training course consisted of two separate scenarios. The first involved an emergency obstetrical postpartum hemorrhage, and the second involved an obstetrical patient admitted to the operating room following a multi-trauma motor vehicle accident. There were four sessions geared toward Obstetrical/Maternal Fetal teams, Anesthesia providers, the Trauma Surgical Service, Perioperative Nurses and Transfusion Medicine/Blood Bank Service.


PRACTICE MAKES PERFECT: Care teams during the simulation course

Takeaways from the course included ideal clinical management, leadership and role clarity, barriers to effective communication, challenges related to the availability of providers, the coordination of patients' care and emergency use of blood products and transfusion management for massive hemorrhage. -*EC*

WHAT CLINICAL PROBLEM WERE YOU TRYING TO SOLVE IN THIS COURSE AND HOW DOES IT IMPROVE PATIENT QUALITY AND SAFETY?

The goals of this program were to learn how decisions are made in cases involving maternal patients with emergency medical conditions and to positively affect patient care by improving teamwork behaviors among caregivers from a wide range of specialties. In the field of Obstetrics, as with many other patients throughout the hospital, the situational acuity can change rapidly. For patients being evaluated in a hospital setting, determining a plan of care may require communication and decision making between multiple providers and services in a very short time. Care providers not only have different attitudes in the way they approach a crisis, but also in the way they communicate. Differing patterns of communication and priorities in care can result in the loss of critical information needed for effective care. Some information may not be communicated effectively or is not perceived as intended by the recipient member of the health care team.

We used these simulation experiences to improve our processes for collaboration, coordination and communication during maternal crises. We hope that through improving team communication and educating a diverse team of care providers our care will become more effective and efficient, thus creating a safe and seamless experience for the patient. -**RM**

WHAT WAS IT LIKE TO WORK ACROSS PROFESSIONS TO PLAN THIS COURSE? WHAT CHALLENGES DID YOU OVERCOME?

The faculty developed scenarios with the perspective that each member of the care team fulfills an important role in the care of the patient. As the team came together, there was an unspoken commitment to emulate the behaviors that we were discussing. Planning physicians and nurses listened respectfully to one another and incorporated differing perspectives into the experience. Truthfully, there were very few challenges as everyone came together with a commitment to create the best possible experience for participants. One challenge involved the educational team's commitment to accuracy and to creating a safe and educational experience, while understanding the simulation may have limitations with what experiences can be safely and consistently recreated. -*MH*

TELL US ABOUT A MAGICAL TEACHING MOMENT DURING THE COURSE OR THE DEBRIEFING.

We witnessed the repeated opportunities our participants had to engage with other caregivers during a period designed to encourage reflectivity. It is very special to witness caregivers who agree to put themselves into a vulnerable position in front of their colleagues in the name of patient care, which felt as a true testimony to the commitment of the simulation staff to create a safe learning environment. All the providers who participated have extremely busy schedules; it was renewing to see and feel their dedication to excellence in patient care and to hear them support their colleagues. One concept that was illuminated at the debriefing table is that simulation brings about a cultural turning point where a group can acknowledge that health care is a team sport and we all need to work together to bring the best to the patient. -*EW*

DO YOU HAVE RECOMMENDATIONS OR LESSONS LEARNED FOR OTHER TEAMS OF EDUCATORS? HOW COULD THIS BE REPEATED OR TRANSFERRED TO OTHER AREAS OF THE HOSPITAL?

We have learned from our successes and our failures that a fundamental respect for our co-workers is at the center of all effective teamwork. Other teams planning these simulations should tailor their educational experiences to the learners, figure out what is important to each group and incorporate those concepts into the debriefing sessions. Transferring this to other areas of the hospital begins with a commitment from the patient care units and leadership. Next, trained debriefing experts are critical to educational and fulfilling simulation sessions. Enthusiastic participants enrich the experience for everyone. –*EC*

To nominate learners or educators – from any profession and any career stage – for future profiles, email Andrea Paciello, executive director of Teaching & Education, at apaciello@partners.org. ■

— Emergency

(Continued from page 1)

emergency kit with essentials for 72 hours, or review the contents of your kit to ensure expired items are replaced and all electronics and equipment still work."

Detailed resources and printable templates are available on the *www.ready.gov* site, created by FEMA. Some helpful guidelines are below.

HOUSEHOLD PLANS

Start your emergency plan by discussing these four questions with your family, friends or household:

- How will I receive emergency alerts and warnings? Remember text messages are often more reliable in an emergency, given service disruptions, and whenever possible, keep cell phones and mobile devices charged.
- What is my shelter plan? Remember to establish meeting locations both locally as well as out of state.
- What is my evacuation route? Remember to establish alternate routes in case certain areas are impassable or plans must change quickly.
- What is my family/household communication plan? Remember also to establish an out-of-state communication contact in case cellular service becomes unavailable.

From these answers, draft the emergency plan and keep it in an easily accessible location. Practice the plan with your family.

EMERGENCY KITS:

- In an emergency kit, important supplies include the typical three day's supply of water and non-perishable food, a first-aid kit and flashlight with extra batteries. Remember to have necessary medications on hand.
- To assemble your kit, store items in airtight plastic bags and put your entire disaster supplies kit in one or two easy-to-carry containers such as plastic bins or a duffel bag.

AT THE MGH:

- Know your MGH department's disaster plan and where to report in the case of an emergency. Plans can be found on *apollo.massgeneral.org*.
- Keep your contact information up to date with your department and in PeopleSoft.
- Take your employee ID home to have immediate access to your badge when you are not at the hospital.

Keep an eye out for more about National Preparedness Month in the MGH daily announcements. For more information about emergency preparedness at the MGH, visit the Center for Disaster Medicine at *www.massgeneral.org/disaster-medicine*. More information for preparing at home can be found at *www.ready.gov/kit*.

— *Passion*

(Continued from page 1)

"This teaching event is seared into my memory and is one of the first steps in the making of a surgeon."

"Consoling" represents the first time meeting with a patient after a surgery, explaining how the procedure went and discussing future steps.

"Believing" portrays two hands holding a petri dish showcasing the power of believing in something at the start of a research project, such as a cure for a disease, before it becomes reality.

Martuza in his studio

The final piece in the series, representing Martuza's most recent career change, was created in white marble. This slab came from West Rutland, Vermont, a nod to where Martuza took his first sculpting classes. Titled "Rebirth," it depicts the ability to rebuild and grow throughout life.

Though Martuza has moved from sterile operating rooms at the MGH to a stonedust-covered studio behind his Marblehead home, his desire to create and comfort remains clear.

"People always say seeing is believing," says Martuza, "but in art and science, the believing comes first."

View more of Martuza's work at *http://www.twelvelanterns.com/*. ■

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your colleagues or co-workers for the 2017

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- LEADERSHIP AND INNOVATION
  (patient care, teaching, research, management, etc.)
- TEAMWORK
- OUTSTANDING COMMUNITY CONTRIBUTIONS
- SUSTAINABILITY
  (positive environmental impact)

Nominations due September 15, 2017

Nominate online at:
https://pulse.partners.org/pienominations

For questions, contact Partners Human Resources at
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The HUB at Boston City Hall Plaza will feature nine geodesic domes, shipping containers and food trucks.

HUBweek 2017: A festival for the future

FOR THE PAST TWO YEARS, HUBweek has brought together some of the most accomplished, creative and revolutionary leaders in science, technology and the arts for an extraordinary innovation festival. A unique civic collaboration, HUBweek was co-founded by Harvard University, the MGH, MIT and *The Boston Globe*.

From Oct. 10 through Oct. 15, the MGH and the HUBweek co-founders will host a variety of engaging programs, discussions, problem-solving sessions, behind-the-scenes tours, competitions and art installations.

HUBweek also will launch a first-of-its kind festival site, the exciting new "Heart of HUBweek," on Boston City Hall Plaza. Attendees are invited to connect, learn, wander and create at the HUB. The MGH strives to jump-start conversations to explore innovations and ideas that captivate the world by participating in or hosting a dozen programs. All highlight the hospital's missions of clinical care, research, teaching and service to the community.

The return of De-Stress Boston and The Art of Talking Science joins programs featuring innovations in artificial intelligence, addiction treatment and exploring the benefits of failure. In two shipping container installations at the HUB, the MGH will spark discussions about anesthesia and the unconscious mind, and how art can help our communities recover from the opioid epidemic.

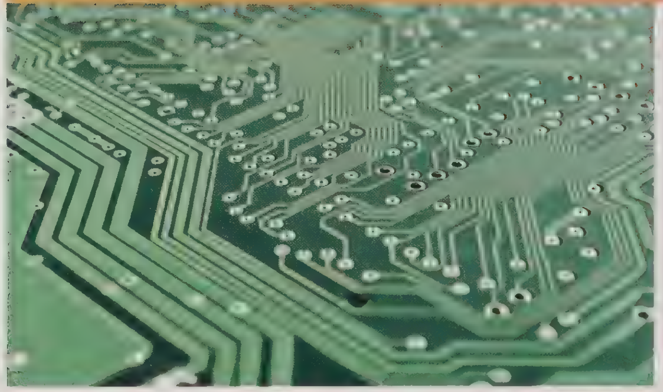
Future Forums will feature MGH panelists discussing topics including privacy in a digital world, the future of digital health, artificial intelligence and the power of the brain to improve health. The goal is that all attendees learn something new and join in a sense of great pride in what Boston has accomplished in the field of medicine.

This year HUBweek welcomes sponsors Bank of America, Liberty Mutual, Millipore Sigma and Union Point.

All HUBweek programs are open to the public, and most are offered free of charge with advance registration required.

For a full schedule and registration for MGH-hosted programs, visit *www.massgeneral.org/hubweek* or *www.hubweek.org*.

• REGISTER NOW AT • MASSGENERAL.ORG/HUBWEEK • HUBWEEK.ORG •



ART OF TALKING SCIENCE COMPETITION: RISE OF THE MACHINES

Oct. 11, 2 PM – 4 PM

The Russell Museum

One of the biggest challenges scientists face is communicating effectively to various audiences, including donors, investors, the media and the public. New and emerging science involving artificial intelligence (AI) and deep learning has been memorably communicated by science fiction writers and filmmakers making it even more of a challenge for researchers to explain what they are doing and how it could impact every part of our lives.

The MGH Research Institute will offer members of the Boston AI community a chance to present their work – in four minutes – in front of a live audience and receive feedback from a panel of expert science communicators: Carey Goldberg, *WBUR*; Rich Hayes, Union of Concerned Scientists; Christine Reich, PhD, Boston Museum of Science; and Ike Swetlitz, *STAT*.

DE-STRESS BOSTON

Oct. 14, 10 AM – Noon

Faneuil Hall

Now in its third year, De-Stress Boston will focus on mindfulness, meditation and stress reduction. Hosted by the Benson-Henry Institute for Mind Body Medicine and its founder Herbert Benson, MD, this event is a community-wide experiential education session about the power of stress reduction techniques to improve health and build resiliency.

The program focuses on issues impacting families across the board including the stress that comes with living in a politically charged world and how parents can effectively communicate with their children given the prevalence of today's technologies (smartphones, apps, social media, etc.).

THE UNCONSCIOUS MIND: ANESTHESIA TODAY AND TOMORROW

Oct. 12 - 15, 10 AM – 5 PM

The HUB at City Hall Plaza

In this mini-museum, explore how surgical anesthesia revolutionized health care when it was introduced in 1846. Discover what happens in the brain in the space between consciousness and anesthesia, and how new anesthesiology research is changing the understanding of brain science. Learn more about the MGH's historic Ether Dome, where the first successful public demonstration of surgical anesthesia was demonstrated.

Presented by the Russell Museum, the exhibit also will feature a video highlighting common questions about anesthesia; an interactive exploration of a musical metaphor for how the brain works under anesthesia; and 19th century surgical tools.

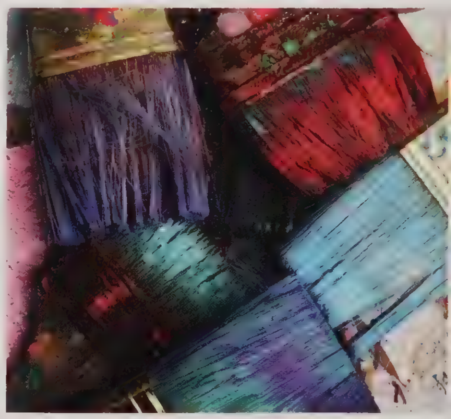
CONTAINING ADDICTION: PAINTING, RAPPING AND WRITING TOWARD RECOVERY

Oct. 13, 11 AM – 7 PM

The HUB at City Hall Plaza

Opioid use has become a pervasive public health crisis throughout New England and across the country. For many people, creating art helps them "let go" of the burden of stress and trauma that affects individuals who have an addiction or are in recovery, as well as their loved ones, friends and community. Participants are invited to share their own expression to a community portrait of addiction and recovery in Boston by painting, writing or adding a memento of an experience.

This event is presented by the MGH Center for Community Health Improvement; Charlestown Coalition; the Artists Group of Charlestown; The Health Story Collaborative; and the Opioid Project.



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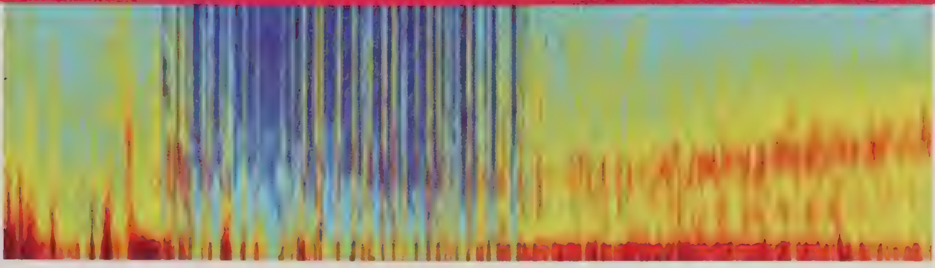

TWILIGHT: EXPLORING THE UNCONSCIOUS MIND

Oct. 11, 6 PM – 7:30 PM
MGH Ether Dome

What happens to our brains in that mystical space between consciousness and unconsciousness? In this session, experts will discuss the MGH's renowned history as the home of the first public demonstration of ether and how it changed medicine forever. The advancement of personalized anesthesia and its potential for eliminating chronic pain, depression and insomnia will be explored, as well as new avenues of brain study in the field. The session also will address how advances in anesthesiology research could help address the opioid epidemic.

REGISTER NOW
HUBWEEK.ORG

WHEN THE BEST IDEA FAILS

Oct. 10, 6 PM – 7:30 PM
The Russell Museum

The science world looks unfavorably upon failure. Negative results that are unlikely to make headlines often go unpublished and researchers gravitate toward areas of study with a higher likelihood of success and funding dollars. From researching new drugs for treatment-resistant depression, to engineering human organs in the lab, to inventing medical devices to prevent deaths in developing nations, MGH physician researchers are serial innovators who are helping change the world by moving past setbacks and failure to bravely pursue their passions. In this panel discussion, attendees will explore the psychological effects and value of failure in the scientific journey.

THE AI REVOLUTION IN MEDICINE

Oct. 12,
9 AM – Noon
The HUB at City Hall Plaza

Artificial intelligence (AI) and deep learning have the potential to transform the field of medicine in the coming decade by improving physicians' ability to quickly and more accurately diagnose and treat certain conditions. The Center for Clinical Data Science at MGH and BWH is at the forefront of helping shape the discussion and the use of AI to improve medical outcomes.

The possibilities – and challenges – are endless for clinicians, researchers and policymakers. Issues including data accessibility and safety, validation and testing, and future staffing have significant implications for clinical practices of the future.

In this session, participants will join experts in exploring big questions of addressing public fear of AI, the future of government regulation and ethical questions.

INNOVATIONS IN OPIOID TREATMENT AND RECOVERY

Oct. 13, 1 PM – 4 PM
The HUB at City Hall Plaza

It has been said that substance use disorders are the only disease where people can go to prison when they relapse. Massachusetts clinicians, researchers and community activists are helping to change the narrative of treatment and recovery by viewing addiction as a chronic condition – like diabetes or asthma – with periods of relapse and recovery over time. Based on the latest neuroscience, this new perspective has the potential to radically change community response to the opioid epidemic, reduce stigma and bring hope to individuals, families and communities affected by this nationwide challenge.

The MGH will host this interactive, how-to "course" with some of Boston's leading innovators in addiction treatment and recovery. This session is designed to help participants implement promising innovations in their organizations and communities.

REGISTER NOW
MASSGENERAL.ORG/HUBWEEK

Healthy Brain; Enlightened Brain

From left, Chopra, Tanzi and Walker (inset).

Oct. 12, 5 PM – 7 PM
Faneuil Hall

HUBWEEK IS PLEASED to host Deepak Chopra, MD, founder of the Chopra Foundation, co-founder of the Chopra Center for Wellbeing & Jiyo, and Rudolph Tanzi, PhD, vice chair of Neurology and director of the MGH Genetics and Aging Research Unit, two visionaries in the field of neuroscience and health who believe that advances in neuroscience offer the potential to transform lives – and health – by using the power and untapped potential of the brain.

Co-authors of *Super Brain* (2012), *Super Gene* (2015) and a new book to be released early next year, Chopra and Tanzi will host a program at Faneuil Hall, a foundation of the American Revolution, and a fitting location for a "revolution of the mind."

Rev. Liz Walker will moderate.

Future Forum: Cornerstone of HUBweek

THE CHALLENGES we face today – as individuals, as citizens, as a global population – require fierce collaboration and an openness to new ideas and points of view.

HUBweek Future Forum is about solving big challenges and tapping into the best ideas and solutions Boston offers. Three MGH clinical leaders are among the thinkers, risk-takers and creators who are panelists for the Future Forum:

- O'Neil Britton, MD, chief medical officer
- Keith Dreyer, DO, vice chairman, Radiology; director of the Center for Clinical Data Science at MGH and BWH
- David Y. Ting, MD, MGPO chief medical information officer

They will join other Boston experts to discuss the future of artificial intelligence, cybersecurity and privacy, and the digital health revolution. The goal: how do we ensure that technological advancement serves each and every one of us?

Featured MGH clinician speakers at HUBweek

AI REVOLUTION IN MEDICINE

Katherine Andriole, PhD, FSIIM
Jayashree Kalpathy-Cramer, PhD
Mark Michalski, MD

DE-STRESS BOSTON

Margaret Baim, MS, NP
Herbert Benson, MD
Gregory Fricchione, MD
Laura Malloy, LICSW
Steve Schlozman, MD
Ellen Slawsby, PhD

HEALTHY BRAIN; ENLIGHTENED BRAIN

Peter L. Slavin, MD, MGH president
Rudolph Tanzi, PhD

WHEN THE BEST IDEA FAILS

Ellen Braaten, PhD
Cristina Cusin, MD
Kristian Olson, MD
Harald Ott, MD

TWILIGHT: EXPLORING THE UNCONSCIOUS

Patrick Purdon, PhD
Ken Solt, MD
Warren Zepol, MD

ART OF TALKING SCIENCE: RISE OF THE MACHINES

Susan Slaugenhaupt, PhD

INNOVATIVE STRATEGIES FOR OPIOID TREATMENT AND RECOVERY

Timothy G. Ferris, MD, MGPO CEO
Martha Kane, PhD
Laura Kehoe, MD, MPH
David Torchiana, MD, Partners CEO
Sarah Wakeman, MD

CONTAINING ADDICTION

Annie Brewster, MD
Sarah Coughlin, LICSW

WATCHING OVER YOU

O'Neil Britton, MD

NOW HIRING: CHIEF HUMAN + MACHINE OFFICER

Keith Dreyer, DO

THE DIGITAL DILEMMA

David Ting, MD

VOICES OF ONCOLOGY DISCOVERY

Alice T. Shaw, MD, PhD
Stanley Shaw, MD, PhD

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09.29.17

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

MGH responds: Hurricane help

29

Number of MGH staff who deployed to help with relief efforts

15

Number of staff on alert for possible deployment in the near future

7

Number of federal and charitable disaster response teams MGH staff joined

1,000

Estimated number of patients who will be treated by MGH deployed staff

23

Number of MGH departments with deployed staff

74

Number of miles per hour sustained wind speed must reach to be considered a hurricane

6

Number of months in the 2017 hurricane season which runs from June 1 – Nov. 30

50

Number of times MGH emergency preparedness staff were activated last year to monitor or respond to an event

1810

Year MGH founders penned the words:

"When in distress every man becomes our neighbor."

THIS MONTH SEVERAL MGH staff members deployed to Texas, Florida and Puerto Rico in response to Hurricanes Harvey, Irma and Maria. The individuals were part of the federal Trauma and Critical Care Team, MA-1 Disaster Medical Assistance Team (DMAT), Arizona-1 DMAT, Colorado-3 DMAT, Project Hope, MGH Center for Global Health and the Logistics Response Assistance Team.

CONVOY
MA-1
TEXAS
JFN-0512

Orthopædic Surgery welcomes new chief

THE MGH DEPARTMENT OF ORTHOPÆDIC SURGERY will soon welcome a new leader. With more than 25 years of academic and clinical experience in Orthopædic Surgery, Mitchel Harris, MD, has been named the department's new chief, effective Oct. 1.

Harris comes to the MGH from Brigham and Women's Hospital (BWH) where he was chief of the Orthopædic Trauma Service for 14 years, after serving as chief of the Orthopædic Spine Service for three years.

"I feel like this is an absolutely unique opportunity, and I'm overwhelmed with excitement and optimism," Harris says.

Harris says his interest in Orthopædic Surgery stemmed from a love of sports combined with an interest in "fixing things." Ultimately these interests grew into a remarkable career focusing on orthopædic and spine trauma management.

Harris earned his medical degree from the University of Illinois College of Medicine in 1984 and completed his residency in Orthopædic Surgery at Dartmouth-Hitchcock Medical Center in 1989. He completed a fellowship in Orthopædic Spine and Trauma at the University of Toronto, Sunnybrook Health Science Center, as well as a second fellowship in Orthopaedic Spine and Trauma Surgery at Queen's Orthopædic Centre in the United Kingdom. Prior to BWH, Harris also worked at

(Continued on page 4)

HARRIS

Research*Roundup*

***RESEARCH** at the MGH is interwoven throughout more than 30 departments, centers and units, and is conducted with the support and guidance of the MGH Research Institute. The Research Roundup is a monthly series highlighting studies, news and events.*

MAKING MIGRAINES LESS OF A HEADACHE: RESEARCHERS FIND NEW WAY TO PREDICT MIGRAINE ATTACKS

People who have felt the pulsating pain, nausea and blinding light sensitivity that comes with a migraine are not alone. In the U.S., more than 37 million people get these severe, debilitating headache attacks that can last for several hours at a time.

Those who have experienced migraines, also know their arrival can be sudden and unpredictable. Potential migraine triggers can include stress, hormone fluctuations, lack of sleep and certain foods, but predicting the exact cause and time of an individual migraine attack has proven difficult.

Because perceived stress has received considerable attention for its association with the onset of headaches, a team of researchers led by Tim Houle, PhD, of MGH Anesthesia, Critical Care and Pain Medicine, developed a forecasting model for predicting future migraine attacks based on current levels of stress and head pain.

To test out the model, the team recruited 95 participants with a history of migraines. Participants were asked to keep a daily diary recording the frequency and intensity of their stress levels and the presence or absence of any head pain.

Of the 4,195 days of analyzed diary data, participants experienced a migraine on 1,613 of these days (38.5 percent). By analyzing participants' self-reported stress levels, the research team found statistically significant evidence, published in the journal *Headache*, that stress was greater in the days leading up to a reported migraine.

These results provide the first statistically significant evidence that headache attacks can be forecasted for an individual patient. While more work is needed before the model is ready for clinical use, a system that reliably predicts the onset of migraines could provide much needed relief for chronic migraine sufferers.

MORE THAN JUST HINDERING FIRES – CAN FLAME RETARDANTS INTERFERE WITH FERTILITY?

PFRs (organophosphate flame retardants) are a class of chemicals commonly used in polyurethane foam in household products. PFRs can spread from the foam into the air and dust. A growing body of research suggests exposure to PFRs can disrupt the hormones involved in reproduction and embryo/fetus growth.

In a new study published in *Environmental Health Perspectives*, a team of researchers, including Russ Hauser, MD, MPH, SCD, of MGH Obstetrics and Gyncology, specifically looked at possible connections between exposure to PFRs and pregnancy.

The team followed 211 women who came to the MGH Fertility Center to be evaluated for in vitro fertilization (IVF). They checked the women's urine for traces of PFRs and found that more than 80 percent of the women had traces of three types PFRs in their urine.

After a cycle of IVF treatments, those with high levels of the chemicals were 31 percent less likely to have the embryo successfully implant in the uterus, 41 percent less likely to achieve pregnancy, and a 38 percent less likely to have a live birth than those with low levels.

While the results don't provide a definitive conclusion that household products cause infertility, they do suggest an association between high levels of PFR exposure and poor pregnancy outcomes. ■

Surgical mentorship and a look toward the future

"IF YOU EVER SEE a turtle atop a flagpole, you know it had a lot of help getting there," said Keith Lillemoe, MD, chief of the Department of Surgery, during the Sept. 7 Surgery Grand Rounds where he shared his 2017 American Surgical Association (ASA) Presidential Address. "I am the proverbial turtle and owe so much to so many."

During "Surgical Mentorship: A great tradition, but can we do better for the next generation?" Lillemoe thanked his family, friends and an abundance of personal mentors throughout the years – including those from his early days at the University of South Dakota and his colleagues at Johns Hopkins University School of Medicine and the MGH.

Photo Credit: American Surgical Association

LILLEMOE

"One of the true benefits of coming to the MGH has been the great history of surgical leadership and how lucky I am to have three predecessors still at work nearly every day," said Lillemoe of former department chiefs Paul S. Russell, MD, W. Gerald Austen, MD, and Andy Warshaw, MD. "They are always there when I need them and are all great personal mentors each in their own way."

Lillemoe – who is the third MGH chief to have served as president of the ASA – spoke of his many mentors, most of whom he still considers friends, and of his own time as a mentor. "I take great pleasure and pride in the success of our trainees, many of whom are members of the ASA," said Lillemoe. "It is a great honor that many of them still come to me, decades later, for career advice or with a question about a job opportunity. I am proud to have been associated with so many rising superstars in our field."

Lillemoe also assessed current challenges in the mentoring system. "The major challenge for surgical mentoring now, and even more in the future, is advancing the dramatically increasing number of female surgeons," he said. He stressed the importance of recruiting more female surgical leaders, the implementation of appropriate incentives – such as salary and promotion – for female faculty, and increasing membership and involvement of women in the leadership of the ASA and other organizations.

"Amongst our ranks there is tremendous talent in our female members worthy of recognition and of leadership opportunities," said Lillemoe. "We as surgical leaders need to respond accordingly in our role as mentors for the current and next generation of surgeons."

Phillips Society luncheon explores brain health

LEADERS OF THE MGH Interdisciplinary Brain Center and Neuroscience Institute shared their progress toward understanding, treating and preventing brain disorders at the 12th annual Phillips Society luncheon.

Peter L. Slavin, MD, MGH president, welcomed the 236 guests to the Sept. 13 event and thanked Phillips Society members for "helping us transform the future of medicine so the medicine for our children and grandchildren will be even better than it is today." The Phillips Society represents those who include the MGH in their estate plan through a will or other planned gift, and those who establish an endowed fund.

TRANSFORMING THE FUTURE: Phillips Society Ambassador D. Cristopher Bragg, PhD, Cudkowicz and Vida Goldstein

Merit Cudkowicz, MD, MSc, chief of the Department of Neurology, spoke about emerging tools in imaging and genetics that may reveal new treatments for disorders of the brain, before introducing featured speakers, Jonathan Rosand, MD, MSc, chief of the Division of Neurocritical Care and Emergency Neurology, and Steven Arnold, MD, of the Department of Neurology.

"We are living in a golden age of health," said Arnold. "We're living longer, healthier and more productive lives. But such longevity increases the risk of neurodegenerative diseases."

Rosand said that exercise of the body and brain, proper sleep and stress control may combat the onset of neurodegenerative diseases such as Alzheimer's or Parkinson's. He said he envisions neurological tests will become standard primary care practice, much like cholesterol and lipid tests to predict heart disease are today.

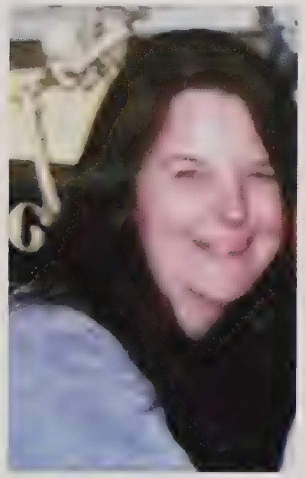
"Not only do we work with individuals who are tops in their respective fields but we really work well together across disciplines," Rosand said. "There is something in the culture at MGH that allows us to break down silos."

IN MEMORIAM

Kelly Keough, RN

KELLY KEOUGH, RN, of the Cardiac Interventional Unit, died unexpectedly Aug. 22 after a brief illness. She was a staff nurse at the MGH for more than 27 years.

Keough started on the White 9 Medical Unit, then worked on the Ellison 11 Cardiac Interventional Unit.



"Kelly was a valued and beloved member of the Ellison 11 team, and was respected and loved by many people within the MGH community, whether that be her colleagues on Ellison 11, physicians, transporters or food service staff all over the hospital," says Betsy Larson, RN, former Ellison 11 colleague, who now works on Blake 4.

"The staff of Ellison 11 lost a very special nurse. Mass General was the place where Kelly would shine, she was a caring, good friend who enjoyed her work."

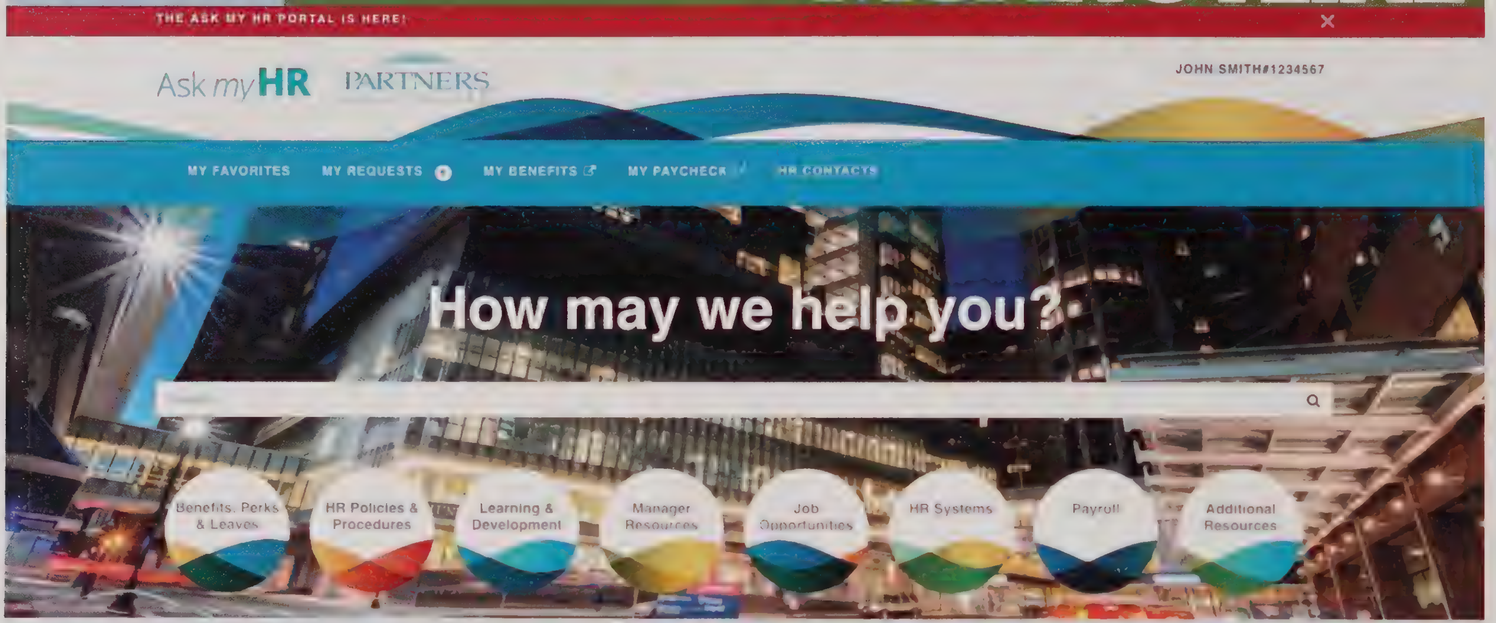
A memorial service for Keough is being planned. Details will be announced at a later date.

Experience HUBweek

FOOD TRUCKS, SHIPPING CONTAINERS AND GEODESIC DOMES will light up Boston City Hall Plaza this year to celebrate HUBweek, the third annual citywide innovation festival, which runs Oct. 10 through Oct. 15. The MGH joins cofounders Harvard University, Massachusetts Institute of Technology and the *Boston Globe* to experiment, build and connect with artists, scientists and thinkers of all kinds to show the world what Boston innovators are made of.

For more information and to register, pick up a copy of the Sept. 15 special edition of *MGH Hotline* or visit *massgeneral.org/hubweek*.

09.20.17 MGHHOTLINE



Introducing Ask *my*HR portal

NEED TO VIEW YOUR PAYCHECK? Not sure how to enroll in benefits? Looking for internal job opportunities? Ask *my*HR, a multi-channel platform designed to improve and modernize the Human Resources (HR) experience, will debut Oct. 1.

The new self-service portal acts as a "front door" to HR, providing a customized approach for resources and tools, along with 24/7 support, guidance and advice.

"Ask *my*HR identifies what HR information is relevant to the employee," says Bonnie Welch, director of HR Shared Services. "It is essentially the 'Google for HR.'"

Welch says the site features a user-friendly search bar, convenient quick links and a "request section," offering staff a way to submit any HR question and have a designated employee provide a response.

Employees will be able to log on to Ask *my*HR from home and on mobile both in and out of network. Ask *my*HR will integrate with PeopleSoft Employee Self Service to make HR transactions and finding information easier for all.

To access the Ask *my*HR portal, visit *www.AskmyHRportal.com*. Contact the HR Support Center at 1-833-Ask-*my*HR (275-6947).

— *New chief*

(Continued from page 1)

Wake Forest University in North Carolina where he served as chief of the Adult Spine Surgery Service and developed their Orthopædic Trauma Service. From 1990 to 1993, he directed the Orthopædic Trauma Service at Charity Hospital in New Orleans while also serving as chief of the Adult Spine Surgery Service there until 2000. During his tenure as faculty at Louisiana State University, Harris also served as residency program director.

As he prepares for his latest role, Harris says he has a few goals in mind. "What I'm most excited about is concentrating on helping the MGH Orthopædic Surgery Department ascend to the next level," Harris says. "My priorities include departmental issues surrounding further growth and collaboration. I want to focus on the departmental identity as opposed to individuals within the department. I want to make our department a more cohesive, integrated team and a department that is attractive to young clinicians and scientists."

He adds, "I recognize what a unique opportunity it is to be part of an institution that is so rich in tradition and culture like the MGH. I have been in the Boston area for 14 years and have only experienced MGH from the outside. Now I'm joining the MGH family, and that is quite exciting."

STAFF NOTICE

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- Your organization has applied to the American Nurses Credentialing Center (ANCC) Magnet Recognition Program® for re-designation of the prestigious Magnet designation. This designation recognizes excellence in nursing services.
- You have an opportunity to participate in the evaluation process and are encouraged to do so. We will be coming to your hospital, November 6, 7, 8 and 9, 2017, for a site visit.
- Comments may e-mailed or mailed to the Magnet Program Office prior to the site visit. **All phone comments to the Magnet Program Office must be followed up in writing.** YOUR COMMENTS ARE CONFIDENTIAL AND NEVER SHARED WITH ANYONE IN YOUR ORGANIZATION. IF YOU CHOOSE, YOUR COMMENTS MAY BE ANONYMOUS, BUT MUST BE IN WRITING.
- There will also be time set aside to speak with the appraisers during the site visit. The time, date and location of a meeting room is currently being scheduled and will be provided prior to the site visit via MGH All-User email and intranet communications.
- YOUR COMMENTS MUST BE RECEIVED BY **OCTOBER 27, 2017**.

  PHONE: 866-588-3301 (TOLL FREE)

  E-MAIL: MAGNET@ANA.ORG

  WRITE: MAGNET RECOGNITION PROGRAM
  AMERICAN NURSES CREDENTIAL CENTER
  8515 GEORGIA AVENUE, SUITE 400
  SILVER SPRING, MD 20910-3492
- Your organization has submitted written documentation for the appraisal team to review. That information is available to you for review on the Excellence Every Day Portal at: http://www.mghpcs.org/magnet/.

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10.13.17

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

A second chance to dance

HE'S MY BETTER HALF
HE'S MY OTHER HALF

STILL SMILING: Left, Mulkern and Nick on the wedding day. Right, in the hospital.

ON MAY 6, Nick and Amanda Johnas had finished their first dance as a married couple when Amanda's father stepped onto the dance floor for the father-daughter dance. As Bob Mulkern held Amanda close, Nick watched, knowing the moment could have been vastly different.

In November 2015, Mulkern was rushed to the emergency room with what he thought was an allergic reaction after his tongue swelled up. Instead, Mulkern was shocked to learn he had liver disease and liver cancer. While he initially underwent radiation treatments, it became clear that Mulkern's only hope was a living-donor liver transplant.

Unfortunately, none of Mulkern's immediate family members – his wife, two sons or his daughter – were a match. That's when Nick, Amanda's then-fiancé, was tested as a potential donor.

Nick was a match. "There was no question, and I never had a doubt," says Nick. "I couldn't live with myself knowing that I could have helped and hadn't done anything about it."

On Feb. 21, 2017, Parsia Vagefi, MD, a surgeon in the MGH Transplant Center, removed 60 percent of Nick's liver for transplantation into Mulkern. Both surgeries – which involved a large team of nurses, doctors, surgeons and coordinators – were a success.

(Continued on page 4)

Home Base raises record-breaking $1.7 million for veterans, military families

ON OCT. 5, HOME BASE, a Red Sox Foundation and MGH program, hosted the fifth annual Mission: Gratitude gala, raising a record-breaking $1.7 million to support its mission to heal the invisible wounds of war for veterans of all eras and their families. Nearly 600 guests attended the event, which was hosted by Randy Price, a U.S. Air Force veteran and WCVB-TV NewsCenter 5 anchor.

As Boston's Zakim Bridge was illuminated in red, white and blue to commemorate the event, guests enjoyed a reception and dinner aboard the USS Constitution and live performances by Sal Gonzalez, an Iraq veteran, and Kristin Chenoweth, Emmy and Tony Award-winning actress and singer. Home Base's impact on the veteran community was personified through a powerful testimonial by Greg Vaillancourt, a U.S. Army veteran and former Home Base patient, who shared the struggles he faced transitioning back into civilian life and how Home Base helped him heal.

Other speakers included Jack Connors Jr., president of Connors Family Office and Home Base overseer, and Peter L. Slavin, MD, MGH president. Retired Brig. Gen. Jack Hammond, executive director of Home Base, unveiled plans for the program's future "home base" in the Charlestown Navy Yard – just steps away from the venue.

"Over the past eight years, Home Base has provided hope to the hopeless, and served as a bridge from the darkness of despair into the light of a bright future," Hammond said.

(Continued on page 3)

HEALING NOTES: Chenoweth performs at the gala.

Profiles in Education: *Devin Oller, MD*

This profile is part of a series designed to highlight the importance and impact of the hospital's teaching mission and the work of the MGH Executive Committee on Teaching & Education (ECOTE).

Devin Oller, MD, is the chief resident of Internal Medicine.

OLLER

WHO DO YOU TEACH AND WHAT DO YOU HOPE THEY LEARN FROM YOU?

We have more than 150 interns and residents in the Department of Medicine, and the majority of their time here at the MGH is spent delivering care to patients on our inpatient wards. When they rotate off an inpatient service and onto an ambulatory rotation, I'm tasked with creating and delivering content that will make them better outpatient doctors. Even if a resident doesn't plan to practice primary care, almost all residents will go into a specialty that is mostly office-based, and I hope that our ambulatory didactics expand what residents believe can be accomplished in the outpatient setting. I also teach medical students through the Crimson Care Collaborative clinics at Chelsea Health Center and the Nashua Street Jail.

WHEN DID YOU START TEACHING? HOW HAS YOUR TEACHING STYLE CHANGED OVER TIME?

During medical school, I taught Saturday nutrition classes to middle schoolers in Philadelphia. I quickly learned the only thing to keep kids in their seats during Saturday school was crafting lessons that surprise them and keep them guessing what would come next. The level of content creation this required wasn't sustainable during residency, so my style shifted. I started to use clinical cases to teach my co-residents and interns, focusing on crafting questions that probe not just what the learner understands but also what the field of medicine does or doesn't understand.

WHAT MAKES YOU MOST PROUD OF YOUR WORK AS AN EDUCATOR?

I'm most proud when I see residents wanting to create their own content and make the curriculum their own. They understand that part of professional development is being humble enough to oscillate between the teacher and learner roles. I do a lot of teaching on motivational interviewing with medical students – a technique that helps providers engage patients around behavior change. I often watch students use motivational interviewing tools for the first time with patients and see them stunned and humbled by how much patients are willing to share with them. It's that point where the learner stops trying to acquire knowledge like it's some currency that can be exchanged and banked and realizes that the experience is teaching them a lot more.

HOW ARE YOU EVOLVING THE WAY TEACHING IS DONE WITHIN YOUR AREA?

The internal medicine ambulatory curriculum is moving away from traditional lectures delivered by content experts to peer-facilitated, case-based discussions, simulation sessions, roundtables, debates and panel coaching. For the 2017-18 academic year, all residents rotate through six two-week blocks, each with a central theme – Foundations, Substance Use Disorders and Behavioral Health, Metabolism, Cardiovascular Disease, Geriatrics and Palliative Care, and Hematology Oncology. Residents also will be exposed to issues within each theme – for example, bringing residents into conversation with local organizations working with people in recovery during the Substance Use Disorder block. We believe a peer-led and community-facing ambulatory curriculum is critical in preparing residents to be leaders and innovators in care delivery.

HOW DO YOU BENEFIT BY TEACHING OTHERS? HOW DO PATIENTS BENEFIT WHEN YOU TEACH OTHERS?

Teaching others, and specifically developing a new curriculum, forces me to think first about what I don't know and how I want to collaborate with the brilliant colleagues I have around me. It's really been these collaborations that have been the most gratifying. From the patient perspective, they benefit greatly from residents understanding how to intervene and change the course of a disease across the care continuum. By really grounding our new ambulatory curriculum in the importance of transitions and team-based care, I think we're going to see residents grow as team leaders in the outpatient setting – something patients will undoubtedly feel. ■

General Store goes green by going blu

BLUE STERILE WRAP is a polypropylene plastic used in operating rooms and hospitals throughout the country to protect patient gowns, toiletries, medical devices and surgical instruments from contamination. Now, in an effort to reduce waste, the blue wrap is being recycled and used to create reusable MGH tote bags.

Though the plastic is instrumental in hospital cleanliness, it also contributes to hospital waste – 20-30 percent of which comes from operating rooms. Of that, 19 percent is blue wrap that ends up in landfills. To date, Circular Blu has diverted more than 100,000 pounds of blue wrap from landfills.

The reusable bags are created by Circular Blu – a company based in Medford, Massachusetts – that "up-cycles" blue wrap to create the bags. In support of this green effort, the MGH General Store now carries two styles of the Circular Blu bags, one in solid blue and the other featuring blue and white stripes.

"When Monica Nakielski, Partners HealthCare project manager for sustainability, approached me about carrying the bags, I was skeptical," says Shannon Babbitt Hoyt, Ladies Visiting Committee buyer for the MGH General Store. "I was pleasantly surprised by the quality and strength of the bag. I think our customers will enjoy the bags and like the customized MGH logo."

Introducing Apollo, the new MGH intranet: apollo.massgeneral.org

Apollo is designed to strengthen and enhance communication throughout the hospital and provide easy access to information in one central location.

Visit Apollo daily!

apollo.massgeneral.org

"I wanted to know this year's MGH holiday schedule ... and found the 'Holiday Calendar' on Apollo!"

apollo.massgeneral.org

AED
BE READY:

"We wanted to review what to do in case of emergency ... and found the 'Emergency Preparedness' page on Apollo!"

apollo.massgeneral.org

Ready, set, Apollo!

SINCE ITS LAUNCH six months ago, Apollo – the MGH's newly redesigned intranet – has continued to grow. New departments and committees are continually being added and hospitalwide events and news items are updated daily and featured on the home page and calendar.

Apollo's latest addition is its expanded reach. Staff now can access the site from an encrypted mobile phone or home computer with their Partners username and password. Also new to the home page are a Just the Vitals feature and a Photo of the Day highlight – two great ways to learn more about the employees who work at the MGH and the many community happenings offered at the hospital.

To view these new features visit *apollo.massgeneral.org*. To submit a Photo of the Day or Vitals questionnaire, email *apollo@partners.org*.

Information Security and Privacy Awareness Week

FROM OCT. 16 – OCT. 20, the Partners HealthCare community will celebrate the fifth annual Information Security and Privacy Awareness Week. During this time, employees can further learn how to secure confidential data and protect their privacy in the new mobile world.

Staff can schedule a Workplace Security Review, explore the Awareness Week website, take the online survey or visit the awareness table by Coffee Central on Oct. 20. Visitors will earn an entry in a special gift card raffle each time they stop by.

For more information and a full schedule of events, visit *https://pulse.partners.org/ispo_awareness_week*. ■

FIVE TIPS TO STAY SAFE & SECURE IN THE MOBILE WORLD

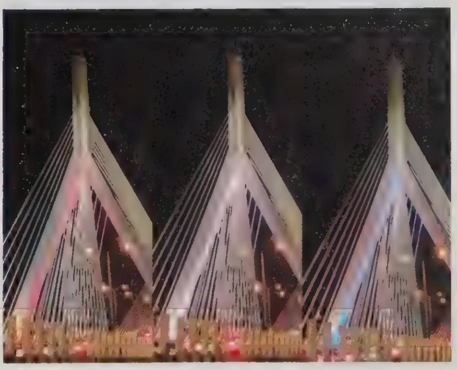
1. Keep your anti-virus up to date to protect your device against malicious software infections.
2. Protect your data by encrypting mobile devices which are easily lost or stolen.
3. Use long and strong passwords to protect against unauthorized access.
4. Safeguard PHI and confidential data when transporting it from one Partners site to another.
5. Use a VPN to securely connect to the Partners network when offsite.

— *Home Base*

(Continued from page 1)

"With your support, Home Base will build a state-of-the-art facility that will provide us with the space and resources we need to double the size of our existing programs and significantly expand the care we provide for mental health, brain injuries and wellness."

For more information, visit *www.missiongratitude.org*.



HUBweek highlights

THE THIRD ANNUAL HUBWEEK kicked off Oct. 10, with events taking place throughout the city and at the MGH. The HUB on City Hall Plaza – new to the festival this year – features a variety of engaging programs, art installations and innovative displays, including two shipping container installations showcasing the Russell Museum and ways that art can help individuals cope with the opioid epidemic. It's not too late to join in on the experience. The citywide festival – co-founded by the MGH, Harvard University, MIT and *The Boston Globe* – continues through Oct. 15.

Visit *www.massgeneral.org/hubweek* or *www.hubweek.org* to check out upcoming programs.

— Liver transplant

(Continued from page 1)

"A living-donor transplant was Bob's only real chance at survival," says Vagefi. "Surgery for both the donor and recipient carry their own risks, but Nick truly felt like this was something he had to do and that he wanted to do."

For Mulkern, the surgery was a step toward a new life. "The surgery didn't rattle me because I knew it had to be done," he says. "I was confident in the hands I was in as well. Dr. Vagefi was so professional and kept things light."

Now, Mulkern shows no signs of liver cancer or liver disease and he says his liver and Nick's liver are both regenerating at the correct size and rate.

"The father-daughter dance and the walk down the aisle were my motivations," says Nick of his decision to donate. "The father-daughter dance was really when everything settled in. It was just so perfect to see my beautiful wife coming down the aisle with her father, knowing that he is healthy and has a new chance at life."

For Amanda, her wedding day was nothing short of perfect. "It was like a fairytale – pure bliss and happiness. Here are the two men I love more than anything – one who I've spent all of my life with and the other who I will spend the rest of my life with. Now that Nick and I are married and my dad is healthy, I have everything I need. Now it's just continued health and happiness." ■

WEDDED BLISS: Nick and Amanda Johnas with her parents on their wedding day.

Bowditch Prize call for nominations

NOMINATIONS ARE NOW being accepted for the 2018 Nathaniel Bowditch Prize. The $5,000 prize is awarded each year by the MGH Board of Trustees to any person or team (clinical or nonclinical) who has made a significant contribution to improving quality of care at the MGH while reducing the cost of such care. All nominations for the Bowditch Prize should be submitted by Nov. 15 to Andrew Warshaw, MD, chairman of the selection committee, in Bulfinch 360. The nomination form can be found on *apollo.massgeneral.org*.

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MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Debbie Burke, RN, named to top nurse position

A 36-YEAR MEMBER of the MGH community – and a familiar face of MGH Nursing – will soon be welcomed as the hospital's new senior vice president for Patient Care Services and chief nurse.

Debra A. Burke, RN, DNP, MBA, NEA-BC – who joined the MGH in 1981 and has served in a variety of roles, most recently as associate chief nurse for women and children, mental health, the MGH Cancer Center and Community Health Nursing Practice – will take the helm Jan. 1, 2018.

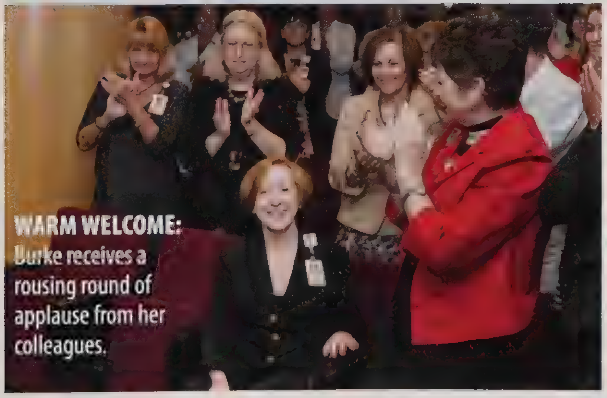
"I've worked here for more than 30 years, and I embrace our four-pronged mission," says Burke. "Every day at the MGH, I feel like I'm part of the mission, vision and values of our organization. This place really resonates with me, and it feels like exactly the right place."

The announcement comes following a year-long nationwide search to find a successor for Jeanette Ives Erickson, RN, DNP, NEA-BC, FAAN, who has served as chief nurse for the past 21 years and who will remain active with several hospital initiatives.

"I'm coming into a job with really seasoned, outstanding leaders and staff," Burke says. "In the beginning, I think it's really about getting to know people better. I already have worked closely with so many of our talented nurses and health professionals, but I am looking forward to introducing myself to those I haven't had the pleasure of meeting. I think relationship building, visibility and accessibility are extremely important and part of the key to success."

Burke started her career as a staff nurse in MGH Thoracic Surgery, became a clinical teacher in the Surgery and Trauma Services, worked as a nurse manager in Vascular Surgery and Vascular Home Care and later as a clinical nurse for the Boston Red Sox. She has played a major role in a number of MGH initiatives – including the Autism Care Collaborative, the Unit Coordinator Role

(Continued on page 3)



WARM WELCOME: Burke receives a rousing round of applause from her colleagues.

Memorable milestones

HONORED GUESTS: Top photo, James Lehrich, MD, celebrates 55 years. Here, from left, 50-year honorees Robert Bruce Donoff, MD, DMD; Arne Halvorsen, David Brewster, MD, [illegible]

"REGARDLESS OF THE NUMBER of stars that appear on your pin today, every one of you plays a valued part here at the MGH," said Peter L. Slavin, MD, MGH president, at the annual Ether Day Celebration Oct. 13.

This year, 3,758 MGHers were honored for their years of service – recognizing those who have worked at the hospital from 5 through 65 years. The Ether Day dancers again showed off their moves in choreographed dances to the top song of each anniversary year.

Two MGHers celebrated especially momentous milestones: Joseph Blanchard, Operating Room Administration, celebrated 65 years, and William Harris, MD, of the Orthopædic Department, celebrated 60 years.

"If you love your job, you never have to go to work," Slavin said. "The love and dedication people show for their jobs at the MGH truly shows this hospital is a calling and not a place of work."

COSTUMED PATIENTS from MassGeneral Hospital for Children (MGHfC) – including 18-month-old Lilith Poulin – paraded through the halls of Ellison 17 during the annual Spirit of Children Halloween party. Since 2006, Spirit Halloween has hosted the celebration, providing free costumes, accessories, masks and a pumpkin painting activity. The Oct. 18 event was part of a national campaign to support child life programming. The Spirit of Children program has granted more than $279,000 to MGHfC since it was founded.

Happy Halloween!

Research*Roundup*

RESEARCH at the MGH is interwoven throughout more than 30 departments, centers and units and is conducted with the support and guidance of the MGH Research Institute. The Research Roundup is a monthly series highlighting studies, news and events.

LAW RESTRICTING USE OF OFF-ROAD-VEHICLES BY YOUNG DRIVERS HELPS TO CURB INJURY RATES, RESEARCHERS SAY

In response to growing rates of injuries and hospitalizations among children riding off-road-vehicles (ORVs), including all-terrain vehicles (ATVs), Massachusetts passed a law in 2010 banning ORV operation by anyone under the age of 14, except in rare cases with direct supervision by an adult, and requiring children 14-to-17-years old to take education and training classes and be supervised by an adult when riding an ORV.

To investigate whether rates of both emergency department visits and hospital admissions resulting from ORV injuries have gone down since the law was introduced, Michael Flaherty, DO, of the Division of Pediatric Critical Care Medicine at MassGeneral Hospital for Children (MGHfC), and a team of MGHfC investigators analyzed data for four age categories – 9 and younger, 10 to 13, 14 to 17, and for purposes of comparison, adults ages 25 to 34.

They found that the rate of hospitalizations for all those 17 and younger dropped 41 percent after the law's implementation, while the 25-to-34-year comparison group had a drop of only 26 percent.

"The results of our study indicate that comprehensive laws that include age restrictions can in fact decrease the numbers of pediatric injuries that result from ATV crashes," says senior author Peter Masiakos, MS, MD, of the MGHfC Department of Pediatric Surgery.

Given that this is the first law of its kind, the results provide important insight for the design of future legislation.

RESEARCHERS HELP SHED LIGHT ON A PERPLEXING CHRONIC PAIN DISORDER

Fibromyalgia is a common chronic pain disorder that impacts 5 to 10 million Americans.

It is thought that the widespread pain fibromyalgia patients experience is due to disturbances in the central nervous system that affect the way the brain processes pain signals. But why these disturbances occur remains a mystery.

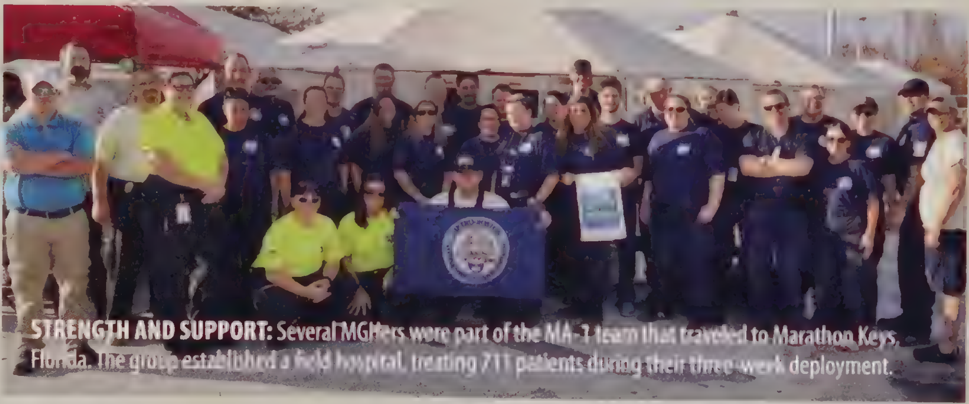
In an effort to find answers, Marco Loggia, PhD, associate director of the Center for Integrative Pain NeuroImaging and a researcher in the Martinos Center for Biomedical Imaging, studies the brain mechanisms of pain in patients with fibromyalgia. His research suggests that some degree of brain inflammation may be at play, given that brain inflammation is common among chronic back pain sufferers and most fibromyalgia patients suffer from chronic back pain.

Because there are no diagnostic tests for fibromyalgia, patients are frequently met with skepticism, even by their own primary care team. The pain they report is often dismissed as being "all in their head."

In a recent interview with *HealthDay News*, Loggia said, "Many studies – and particularly those using brain imaging techniques such as functional magnetic resonance imaging – have now provided substantial support to the notion that the excessive sensitivity to pain that these patients demonstrate is genuine. I think that it is time to stop dismissing these patients."

With researchers like Loggia investigating its causes and progression, individuals suffering from fibromyalgia may soon see advances in treatment and care. ■

MGH responds: A look at hurricane assistance programs



STRENGTH AND SUPPORT: Several MGHers were part of the MA-1 team that traveled to Marathon Keys, Florida. The group established a field hospital, treating 711 patients during their three-week deployment.

WITH THE RECENT DISASTERS in Puerto Rico and the Caribbean Islands, the lives of many MGH staff and their families have been significantly affected The MGH has numerous resources available for those who need support – whether it be financial, emotional or spiritual. Hospital leaders from Human Resources (HR), Global Health, Emergency Preparedness, and many other departments continue to monitor the situation, listen to staff concerns and identify ways to provide meaningful support. "The hospital is paying close attention and we will continue to work to support staff as the situation evolves," says Dave Reisman, associate director of the MGH Center for Disaster Medicine.

For those wanting to provide assistance, the best way to help continues to be with a monetary donation to an established organization. "It's really challenging even now to get supplies and equipment to the areas most affected," says Reisman. "We rely on these trusted organizations that have the logistical channels and processes in place to ensure donations reach their intended recipients." The MGH recommends: Massachusetts United for Puerto Rico/ Massachusetts Unido por Puerto Rico (*www.tbf.org/puertorico*) or Direct Relief (*www.directrelief.org*).

MGH'S RESPONSE:

- The MGH has created an employee grant program through the MGH Emergency Response Fund to provide support to employees and their families who have been affected. Visit the MGH Giving website to learn more.
- The MGH has made financial contributions to the Massachusetts United for Puerto Rico/Massachusetts Unido por Puerto Rico Fund and to Direct Relief to help send supplies to hospitals.
- Many MGH staff members have deployed, and continue to deploy, to Puerto Rico and other areas in the Caribbean with federal disaster response teams and teams from MGH Global Health to support the medical needs of hospitals and communities.
- On Oct. 11, MGH leaders from HR, the Employee Assistance

(Continued on page 3)

MGH celebrates Spiritual Care Week with new name, offerings

THE MGH CHAPLAINCY DEPARTMENT is now the Spiritual Care Department, a name change that reflects the broad nature of the services offered by the department's nearly three dozen professional chaplains. Working in collaboration with clinical care teams, chaplains respond to referrals and consults and visit patients and families throughout the hospital.

"Our chaplains sustain, support, guide and help people in their search for meaning in illness; for self-worth and belonging to community; and for reconciliation in relationships," says Rev. Alice Cabotaje, MDiv, BCC, ACPE, interim director of Spiritual Care and Education. "They offer consultation and counsel regarding spiritual, emotional and ethical matters. Support is provided by listening without judging, sharing without preaching, and offering the resources of tradition, sacraments, scripture, ritual and personal presence."

The work of chaplains extends far beyond the bedside, says Cabotaje. They also facilitate compassionate care rounds and resiliency rounds for staff; serve on committees within the hospital and in the greater Boston area; and serve as spiritual care providers, consultants, advisors and educators for national and local organizations. The range of services provided by the Spiritual Care Department was showcased throughout this week in recognition of National Spiritual Care Week (Oct. 22-27). The department hosted healing prayer sessions, a Jewish new moon blessing, Buddhist meditation, Muslim prayer sessions, hand massages and educational opportunities.

"As a clinician, I have seen how providing spiritual care can help give meaning and a purpose to life, providing hope and offering a source of strength," says Barbara Cashavelly, RN, nurse director on Lunder 9. "Time and again, I have called on my colleagues in the Spiritual Care Department to offer support to people coping with illness, loss or grief; to help them to heal emotionally and regain a sense of spiritual well-being."

To learn more, or to request a visit with a chaplain, call the Spiritual Care Department at (617) 726-2220. ■

MGH Spiritual Care Department

22,388 annual visits by chaplains

Chaplains support patients and families of all traditions, cultures and beliefs throughout the hospital.

0 number of secular hospitals with a similar chapel in 1941

The MGH Chapel was the first non-denominational chapel in a secular hospital in North America.

17 languages spoken

Reflecting the diversity of the community it serves, the Spiritual Care Department includes staff fluent in Arabic, English, Filipino, French, Hebrew, Khmer, Igbo, Ilocano, Ilonggo, Mandarin, Romanian, Russian, Spanish, Turkish, Twi, Wollof and Vietnamese.

$53,130.94 amount donated to fund the MGH Chapel

On Jan. 1, 1939, retired Episcopal bishop William Lawrence, then 89 years old, embarked on a project to build a chapel at the MGH. Within two years, construction was completed. The 2017 equivalent of the funds raised is $884,742.20.

76 years the LVC has donated flowers to the chapel

Since 1941, the Ladies Visiting Committee (LVC) has supplied flowers for the chapel. In the early days, members brought fresh flowers from their gardens – and greens in the winter. Now, the group provides arrangements through the MGH General Store & Flower Shop.

767 services hosted annually

The Spiritual Care Department offers prayer services, Roman Catholic Masses, Jewish observances and Muslim prayer.

24/7 hours of operation

Since its dedication April 26, 1941, the MGH Chapel has been open all day, every day – even during its relocation in 1991 from the Baker Building to the Ellison Building.

2,000 clinical hours

Chaplains must log 2,000 credit hours at an accredited Clinical Pastoral Center to be eligible for board certification.

— Hurricane relief

(Continued from page 2)

Program (EAP), Spiritual Care and Emergency Preparedness hosted a town hall session to update staff on relief efforts and resources available and to provide an open forum for those affected to share their stories.

RESOURCES FOR MGHERS AND FAMILIES:

- Employee grants are available to offer financial assistance to employees directly affected. The grant program is funded by Emergency Response Fund. To date, 50 $500 grants have been given to MGHers and their families. To apply for the grant, an employee must be able to show how he or she is directly impacted and demonstrate need for funds. Applications are available on Apollo.
- The EAP is always available for confidential and private support and offers continually updated resources. They can provide updated information about conditions, and details about how to reach family members and where to donate. Call (866) 724-4327.
- The Spiritual Care Department has a team of spiritual care providers who represent different faith traditions, available to staff 24/7. Call (617) 726-2220.
- The Employee Wage Advance Program through HR and EAP offer staff the opportunity to apply for a wage advance – under circumstances where someone has a specific financial need – which would then be paid back through payroll deduction.
- Earned Time donation/cash out: Speak with a HR business partner for more information about the program.

— Top nurse

(Continued from page 1)

Redesign team and the Partners Nursing Agency Tiger Team. Burke received her bachelor's and doctorate degrees from Northeastern University – where she now is an affiliate associate professor – and a master's degree in Nursing/Business Administration from Salem State College.

"The MGH is the premier health care organization in the country, and the care that all disciplines and support staff provide gives me great pride," says Burke. "Our staff are highly skilled and passionate about what they do. And I love that the MGH is always pushing to be better. That's the type of organization that I'm passionate about and am excited to work in every single day."

Challenge, push, persevere: Reaching for true potential

SUCCESS STO
Attendees en
lunch and a

"IN YOUR CAREER, if you wait for someone to pull you along, you will wait forever," said Redonda Miller, MD, president of The Johns Hopkins Hospital. "You have to create your own opportunities."

The MGH Office for Women's Careers in the Center for Faculty Development celebrated September as Women in Medicine Month with Miller's "Pushing Ourselves to Succeed" lecture. At the start of the event, Nancy Rigotti, MD, director of the MGH Office for Women's Careers, asked every woman in the audience who has recently been promoted within the MGH or Harvard Medical School to stand and be recognized by their colleagues. "That is no easy feat," she said.

During her talk, Miller shared how she rose to become the first female president of Johns Hopkins and how she managed to balance professional and academic pursuits with motherhood. Miller spoke of her life as a college student, medical student and internist and stressed the importance of finding a mentor. It was her mentor who pushed Miller to apply for new positions and take on more challenging projects that ultimately prepared her for her current position as president. She shared her success in receiving her master's degree and even her disappointment when she did not receive a job she had wanted.

Then Miller asked the age-old question, "Can women really have it all?" Her response? "Not all at one time." She explained that dinner with her husband and two daughters takes place at 9 pm while the families of her daughter's friends often have dinner at 6 pm. She also recalled having to leave meetings at the hospital to ensure she would be home in time for her daughter's recital. "Sometimes you have to choose," she said.

After a question-and-answer session with audience members, Miller offered a final piece of advice. "Don't wait to be pulled. Push yourself. If you don't have a nervous pit in your stomach, you're not reaching high enough."

HOME BASE
VETERAN AND FAMILY CARE
VETERANS DAY SPECIAL
FRIDAY, NOVEMBER 10TH
7:30 - 9:00 PM

Home Base hosts annual telethon

THE THIRD ANNUAL Home Base Veterans Day Special – a 90-minute, commercial-free event – will highlight clinical and support services that Home Base, a Red Sox Foundation and MGH Program, provides to help heal post-traumatic stress and traumatic brain injury.

The telethon will air Nov. 10 from 7:30 – 9 pm on ABC affiliates WCVB-TV Channel 5 in Massachusetts, WMUR-TV Channel 9 in New Hampshire and WMTW Channel 8 in Maine. The event will also be live-streamed on each station's website. The broadcast aims to educate the community about the invisible wounds of war, and focuses on patients who share their stories in hopes of reducing stigma.

The telethon will be hosted by WCVB-TV NewsCenter 5 news anchor and U.S. Air Force veteran Randy Price and WMUR-TV news anchor and military spouse Amy Coveno. Viewers can make a donation by calling toll-free at 866-615-8387, by texting "Veterans" to 91999, or by contributing online. ■

2018 Open Enrollment

BETWEEN OCT. 30 AND NOV. 21, Partners HealthCare employees will have the opportunity to select their benefits for 2018.

Open Enrollment is the one time per year when staff can enroll or change their elections for medical, dental, vision, flexible spending accounts and life insurance, unless they have a "qualified change in status."

Prior to enrolling, employees are encouraged to review all materials about 2018 benefits. Any elections employees make during the enrollment period will take effect on Jan. 1, 2018.

QUESTIONS ABOUT 2018 BENEFITS

This year, it is easier than ever to find information about benefit options. In addition to the annual Open Enrollment newsletter – which will be sent to employees' home mailbox by Oct. 27 – staff will have access to Ask *my*HR, a Human Resources and benefits portal that will provide videos, webcasts and digital documents.

ENROLL EARLY

Staff who use Ask *my*HR to enroll in their 2018 benefits before 5 pm on Nov. 10 will be entered into a drawing for two tickets to watch the New England Patriots play the New York Jets on Dec. 31 at Gillette Stadium.

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11.10.17

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

MIA NO MORE:
Rogers' DNA helped identify the remains of her long-missing uncle, whom she holds a picture of.

Seventy-four years later, a hero comes home

NEARLY A CENTURY AFTER he disappeared and was listed as missing in action (MIA), United States Marine Corps Cpl. Anthony G. Guerriero will be laid to rest next week with full military honors. Guerriero's niece, Toni Rogers, a staff assistant in the MGH Transplant Division, led her family's efforts to help bring her uncle home and will be on hand during the ceremony to honor his memory.

"My uncle enlisted in the Marines in 1940 when he was 18, and he served in many battles in the South Pacific aboard the USS Quincy," says Rogers. "After fighting in the Battle of Guadalcanal, and a bout with malaria, he returned home on leave and was chosen to become a bodyguard to then-President Roosevelt."

Guerriero, however, wanted to stay with his unit, Rogers says, and in November 1943, the 21 year old was assigned to Company B, 1st Battalion, 2nd Marines, 2nd Marine Division. "They landed against stiff Japanese resistance on the small island of Betio in the Tarawa Atoll in the Gilbert Islands," she says. "Over several days of intense fighting at Tarawa, approximately 1,000 Marines and sailors were killed and more than 2,000 were wounded." Sadly, Rogers adds, Guerriero was one of the men who

(Continued on page 4)

Journey of a lifetime

ANDY LINDSAY, 61, had been an avid mountaineering hiker, biker, skier and climber for more than 40 years. In the summer of 2013 – after experiencing acute shortness of breath during one of his outdoor athletic adventures – he knew something wasn't right. Several tests and doctor visits later, Lindsay was diagnosed with stage 4 lung cancer.

Lindsay – a non-smoker – was told a mutation in the EGFR gene was fueling the multiple spots on both lungs and in his brain. Determined to fight and maintain his active lifestyle, he sought the help of several area oncologists before coming to the MGH Cancer Center, where he began a treatment regimen of different targeted therapies, chemotherapy and radiation. When his advanced cancer stopped responding to these treatments, he enrolled in a novel clinical trial under the care of Zofia Piotrowska, MD, of the Hematology/Oncology Department. The targeted therapy clinical trial is an EGFR inhibitor that disables the genes that keep the tumor from growing and spreading.

Feeling empowered after his cancer responded well to this treatment, Lindsay and his wife Jan recently embarked on a three-week trip of a lifetime – that doubled as a fundraising initiative that raised $23,000 for the MGH – to hike and climb the Himalayas in Nepal. It took days for his diseased lungs to acclimate to the diminished oxygen levels so far above sea level, but soon he was on his way up the steep slopes of Mount Mera, a neighbor to nearby Mount Everest.

"This was one of the most grueling – and at times painful – hikes of my life," says Lindsay. "Each step was more difficult than the one before, but in the end it was one of the most rewarding experiences to stand atop the peak at 21,000 feet. I am truly grateful for the team at MGH who helped make this miracle happen."

Piotrowska agrees. "This is the most incredible journey I can imagine. I am so proud of Andy. To see him succeed enriches what we do here and proves what we can all accomplish together."

REACHING NEW HEIGHTS:
Lindsay at the summit of Mount Mera.

Photo courtesy of Andy Lindsay

Excellence Every Day: Five tips to remember

THE WINDOW FOR THE MGH's triennial survey from The Joint Commission is open, and surveyors will arrive unannounced at any time between now and April 2018. During their week-long review, the team will visit several areas within the hospital, including inpatient units, ambulatory practices and procedural areas.

The Joint Commission is a nonprofit organization that accredits most hospitals – including the MGH – in the United States and sets standards for accreditation that allows institutions to continue to participate in government-paid insurance programs and private payer programs.

"Although we do not know when surveyors will arrive, we must continue to always practice Excellence Every Day in preparation for their visit," says John Belknap, chief compliance officer. "The MGH is always working to identify quality and safety issues and ways in which we can strengthen those areas. We ask staff to pay careful attention to the area in which you work and, as always, we thank you for performing your job with Excellence Every Day."

Staff should review the following five things as the hospital prepares for The Joint Commission's visit:

1. **Know the fire prevention and response plan.** Staff should know where fire extinguishers and alarm-pulls are located. They should familiarize themselves with RACE (Rescue-Alarm-Confine-Extinguish/Evacuate) and PASS (Press-Aim-Squeeze-Sweep).
2. **Follow all storage rules:**
    - **Gas cylinders** should be secured in holders in designated locations. Keep full and empty cylinders separate. Make sure all oxygen is kept at least 5 feet from combustible materials.
    - **Know where the gas shutoff valves are.** Valves must always be accessible. Make sure shutoff valves are not blocked.
    - **Keep all material 18 inches from sprinklers.** All regular storage must be kept 18 inches or more below the level of sprinklers.
    - **Keep corridors clutter free.** All items in hallways must be on wheels and off to one side. Service carts must be attended and in-use. Never prop or wedge doors open.
3. **Know about chemicals.** Staff should use all chemical materials as they are intended, following all training guidelines. They should consult product labels for hazard warnings and precautions and review safety data sheets for more product detail. These Material Safety Data Sheets are available in the Partners Applications Menu, under Utilities.
4. **Report any utility issues to Buildings and Grounds.** Issues with electrical service, elevators, call lights, pneumatic tubes, plumbing, steam, water and heating/cooling systems should be reported to Buildings and Grounds at 617-726-2422.
5. **Know what keeps you safe.** Staff should know the MGH has a state-of-the-art, integrated security system that uses dual-technology ID badges, closed circuit cameras, panic buttons, card readers and other special locking devices, voice/video intercom systems and infant protection systems.

For more information visit the Excellence Every Day intranet site at: *apollo.massgeneral.org/eed/.* ■

EMPLOYEES SHOULD ALWAYS:

- Wear a hospital ID in a visible place at all times;
- Be positive, welcoming and professional;
- Be prepared to discuss their direct/indirect role in supporting safe patient care and in operational improvement within the department;
- Consult their supervisor or manager if they do not know the answer to a surveyor's question;
- Understand their role in emergency preparedness and responding to any type of emergency;
- Ensure there is no clutter in hallways, elevator lobbies, corridors and storage rooms, and be sure any food and drink is in an appropriate location; and
- Call Environmental Services or Buildings and Grounds to report housekeeping or maintenance issues.

Dual celebrations

ON OCT. 19, Dinesh Patel, MD, chief emeritus of Arthroscopic Surgery, was honored for 50 years of service to the MGH during the Ether Day Dinner at the Westin Copley Hotel. Patel, second from right, was joined at the celebration by, from left, his daughter-in-law Nirva, wife Kokila and son Paresh. The date also was a special night for Patel because it was the 2017 celebration of Diwali, the Hindu festival of lights. For many years, Patel organized the celebration at the hospital, and he wishes all who celebrated the holiday "Diwali blessings."

Seven MGH nurses named 'Donation Champions'

SEVEN MGH NURSES attended an Intensive Care Unit (ICU) RN Advanced Practice Conference hosted by New England Donor Services (NEDS) Oct. 4. Staff were selected by their leadership group and joined 18 other nurses from Boston area hospitals at the full-day immersion program on organ and tissue donation. The nurses are now newly minted NEDS "Donation Champions" at the MGH.

"Unlike past conferences we have hosted for ICU nurses, this program was targeted for a smaller group of advanced practitioners," says Kevin Kiely, NEDS in-house coordinator for the MGH. "These nurses were selected for having a keen interest in organ and tissue donation. The also were willing to serve in this advanced capacity on their units to provide peer support and guidance to the ICU as organ and tissue donation scenarios present."

Topics included clinical practice, managing donors, supporting and engaging families in difficult end-of-life and donation conversations, and what it means to be a registered donor.

"My experience at the conference was wonderful. I loved having the opportunity in an open forum setting to discuss ways to improve the donor referral process and management," says Katelyn Sparks, RN, of Lunder 6. "This conference highlighted NEDS desire to improve organ and tissue donation by partnering with bedside ICU nurses caring for these patients. I also enjoyed meeting with Neuro ICU nurses from other Boston area hospitals and discussing practice differences. It inspired me to improve donation awareness within the MGH community."

DONATE
LIFE

PROVIDING PEER SUPPORT: Back row from left, Kiely; Sharon Brackett, RN, Ellison 4; Stephanie DeVito, RN, Blake 12; and Izabela Maziarz, RN, Blake 7. Front row from left, Sparks; Corinne Fortin, RN, Lunder 6; Jennifer O'Malley, RN, Blake 8; and Jennifer Rivera, RN, Ellison 9

Guiding women's heart health one question at a time

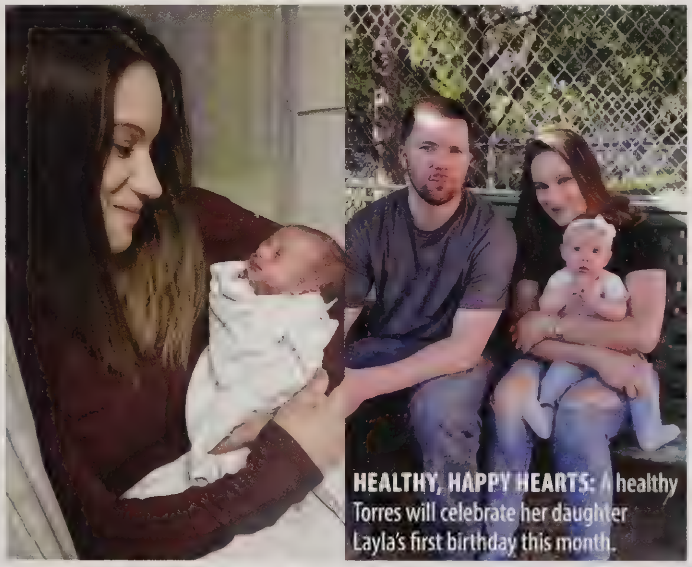
WHEN TANISHA TORRES first visited MGH Cardiology in 2009, she was armed with a long list of handwritten questions. Though Torres jokes it was due in part to "only child syndrome," she knows those questions stemmed from years of confusion about how best to treat her heart condition.

Diagnosed with a severe case of hypertrophic obstructive cardiomyopathy (HOCM) at age 12, Torres wasn't referred to the MGH until age 20. She says soon after her initial appointment with Michael Fifer, MD, director of the Cardiac Catheterization Laboratory, "there was a clear plan of action on how to get my symptoms under control."

The first step was open heart surgery to address thickening of the heart walls, followed by the implantation of a defibrillator to monitor and stabilize her heart. Torres was ticking off the questions on her list, but one question remained.

"I had been hinting at my desire to start a family," she says. "But I had been told years earlier that pregnancy might not be an option."

To address that question, Torres was referred to the Corrigan Women's Heart Health Program, founded at the MGH 10 years ago. "Our program focuses on the unique issues tied to women's hearts – in preventing heart problems and treating them," says Nandita Scott, MD, program co-director. "One of the many services we offer combines cardiologists, maternal-fetal medicine specialists and anesthesiologists to work together as one team."



HEALTHY, HAPPY HEARTS: A healthy Torres will celebrate her daughter Layla's first birthday this month.

That group guided Torres through her pregnancy in 2016 with weekly appointments and sometimes nightly emails. "I would often reach out to Nandita about something I was feeling – and I knew I would get a response right away," says Torres.

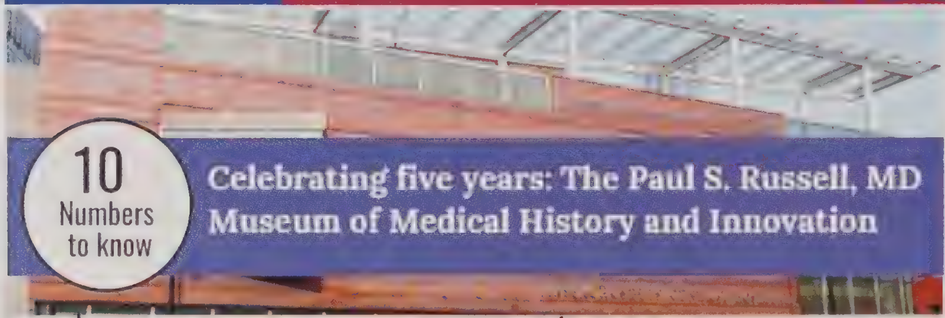
When Torres went into labor at 34 weeks in November 2016, an individual treatment plan – created by clinicians in Cardiology and Obstetrics and Gynecology – went into action. "My water had broken and we arrived at MGH to a sea of faces on the labor floor," says Torres. "I may not have known any of the nurses' names, but thanks to Nandita and Laura Riley, MD, director of MGH Labor and Delivery, they all knew my name."

Torres' daughter Layla will celebrate her first birthday this month. "The feeling of motherhood is indescribable," she says. "I wasn't sure I would ever have that."

Torres now returns to the MGH periodically for checks of her defibrillator, and Layla will be monitored as she gets older for any signs of HOCM, which can be genetic.

"I urge women to ask questions – and as many questions as they have – of their doctors," Torres says. ■

11.10.17 MGH HOTLINE



10 Numbers to know

Celebrating five years: The Paul S. Russell, MD Museum of Medical History and Innovation

1	piece of sterile gauze cut by then-Boston Mayor Thomas Menino to open the museum in 2012
128,818	people have visited the museum
19th	TripAdvisor ranking of 59 Boston museums
1,489	MGH artifacts in the museum's catalog
73	public lectures about medical history and modern medical research
19	species of plants in the roof garden
439	organized tours, from eighth-graders to health care professionals
0	cost of admission
69	years transplant surgery pioneer Paul S. Russell, MD, has held a position at the MGH
172	age of the most frequently photographed item: a kit of surgical tools

— Hero

(Continued from page 1)

perished in the battle. He died sometime on the second day of fighting, Nov. 21, 1943.

Despite numerous requests to the Marines and Navy, Guerriero's body was never recovered and his immediate family would not see a change to his MIA status during their lifetime. In recent years, however, due to advances in DNA technology, 94 sets of unidentified remains interred at the National Memorial Cemetery of the Pacific (Punchbowl) in Honolulu, Hawaii, were exhumed for identification.

Three years ago, the Marine POW/MIA office notified Rogers that one set of remains might be her uncle. They asked if Rogers, as a niece and next of kin, would be willing to provide a DNA sample to help confirm the identity.

"Of course, I jumped at the chance to provide the DNA," Rogers says. "It's been a long wait, and Congress had to grant permission to disinter the remains for testing. But then, the call finally came in July from the Marines that through the DNA testing, they could positively identify my uncle as being one of the Marines interred at Punchbowl.".

Thanks to DNA testing, all 94 sets of remains have now been identified, putting a close to this unresolved chapter in World War II history and helping soldiers' loved ones – like Rogers – to heal.

On Nov. 14 Rogers and her family will travel to Washington, D.C. to honor Guerriero, who will be buried with full military honors at Arlington National Cemetery. ■

Supply drop

EIGHTEEN PACKAGES – filled with coffee, Pop Tarts, jelly beans, candy, Slim Jims and Thanksgiving hats, decorations, crafts and dancing turkeys – are making their way overseas as a surprise delivery for Andy Gottlieb, NP, director of MGH Occupational Health and a lieutenant colonel in the Army Reserves, who is currently on a year-long deployment in Afghanistan.

Earlier this week, members of MGH Human Resources partnered with the MGH Military Veteran Partners group to assemble and ship the care packages to Gottlieb and 67 members of his unit. The packages are expected to arrive just in time for Thanksgiving.

"We wanted to do something good for our colleague Andy because he's such a great guy," says Michele Andrews, HR senior staffing specialist. "We hope it will bring them a little bit of joy before the holidays."

HOLIDAY HAUL: Members of HR – from left, Carlyene Prince-Erickson, Dan Neri, Sam DuBrown, Michele Andrews, Erin Sanford and Theresa Nguyen – boxed packages for Gottlieb and members of his unit.

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MGH HOTLINE

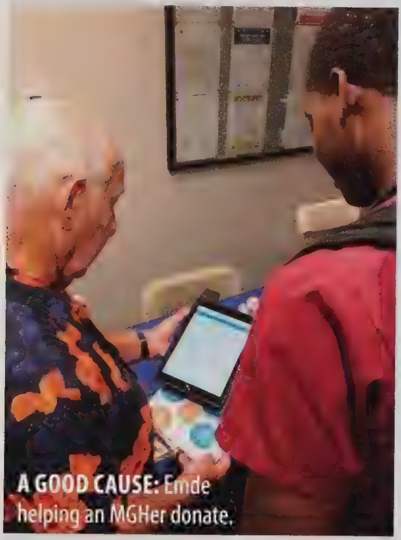
A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

A champion's fight

"AND KNOCK ON WOOD," says Edward "Doc" Emde, "I'm five years cancer free." Emde, who has worked in the MGH Environmental Services Department for 41 years, was diagnosed with prostate cancer after a physical exam with his primary care physician in 2012. "I immediately thought of my wife and daughters. I started crying. What was I supposed to tell them?" he said.

Emde and his wife returned to the hospital the next week for a roundtable discussion of his care plan and they agreed that surgery was his best option. Within two weeks, he underwent successful surgery and has been cancer free ever since.

To thank the MGH and his team of caregivers, Emde now serves as a My Giving Helps champion, fundraising for the MGH Fund and United Way. Employees can donate to the MGH Fund, United Way or both. Gifts to the MGH Fund provide flexible funding that allows resources to be put to use immediately where and when they are needed most. Gifts to the United Way aid more than 180 organizations in the Boston area.

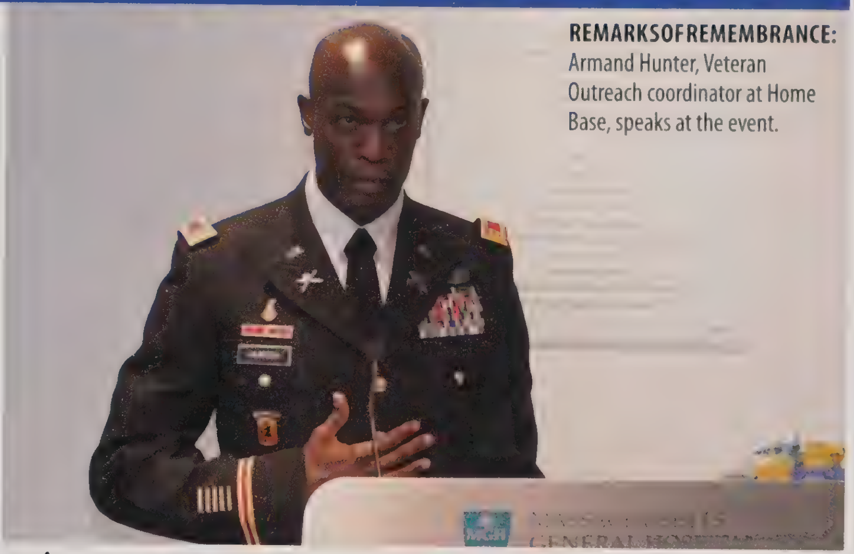


A GOOD CAUSE: Emde helping an MGHer donate.

With Emde's help and that of champions throughout the hospital, the My Giving Helps: The MGH Fund + United Way employee campaign has raised more than $822,000 so far this year. The 2017 campaign officially comes to a close Dec. 31.

Being a My Giving Helps champion gives Emde the opportunity to share his story and to show his gratitude. For him it's easy. "That is why I give – for all they did for me," he says.

To learn more about the campaign or to donate, visit *www.mygivinghelps.org*. Keep up to date on campaign happenings by following My Giving Helps on Facebook.



REMARKSOFREMEMBRANCE: Armand Hunter, Veteran Outreach coordinator at Home Base, speaks at the event.

An important message on Veterans Day

MEMBERS OF THE MGH COMMUNITY joined together Nov. 13 to give thanks and to honor and remember current and former service members at the annual Veterans Appreciation Breakfast at the Paul S. Russell, MD Museum of Medical History and Innovation.

Andy Gottlieb, FNP-BC, director of the MGH Department of Occupational Health and lieutenant colonel in the U.S. Army Reserves – who is serving a nine-month deployment in Afghanistan as a hospital commander – surprised those in attendance by joining the breakfast via Skype.

"The most important part of the morning is to remember those who we are honoring," said Gottlieb. "That's the veterans in the room and those who couldn't make it there for their patriotism, their love of our country and their willingness to serve."

The breakfast also featured the presentation of the annual Steve Temple Scholarship from the MGH Military Veteran Partners (MVP) group. Temple – a Vietnam Veteran who recently retired from the MGH after working for 28 years as a carpenter in Buildings and Grounds – was instrumental in creating the MVP. The award was established in 2016 and is given to a veteran, a veteran connected employee, an active service member or a family member who is pursuing further education and/or career advancement in the trades.

This year's award went to two recipients, Bill Davidson, director of Veteran Outreach at Home Base, a Red Sox Foundation and MGH Program, and his daughter, Morgan, an Essex Tech High School student majoring in natural resource management. Davidson currently is serving in the Massachusetts Army National Guard as senior enlisted advisor. Morgan has a 4.3 GPA, is ranked 13th out of 300 in her class and volunteers in many capacities at her school.

"Thank you to the MGH," Morgan said. "This is my first scholarship and I am very humbled. Happy Veterans Day!"

Gottlieb, who was mobilized on April 27, is working as the commander of a Role 2 hospital for trauma and resuscitation care. His hospital has operating rooms

(Continued on page 2)

Research*Roundup*

***RESEARCH** at the MGH is interwoven throughout more than 30 departments, centers and units, and is conducted with the support and guidance of the MGH Research Institute. The Research Roundup is a monthly series highlighting studies, news and events.*

POCKET-SIZED DEVICE PROVIDES FOOD ALLERGY SUFFERERS WITH LIFESAVING TABLESIDE LAB RESULTS

A team at the MGH has created a new device small enough to fit on a key ring that may cost as little as $40, and can accurately test for food allergens in less than 10 minutes.

Developed by co-senior team leaders Ralph Weissleder, MD, PhD, director of the Center for Systems Biology (CSB), and Hakho Lee, PhD, Hostetter MGH Research Scholar and director of the Biomedical Engineering Program at the CSB, the device, called integrated exogenous antigen testing (iEAT), consists of three components:

1. A small plastic test tube into which the user can put a small sample of food. The tube contains a solution that dissolves the sample and adds magnetic beads designed to bind to the food allergen of interest.
2. The user can then drop the solution onto an electrode chip, which is inserted into the keychain-sized reader.
3. The reader analyzes the sample and indicates on a small display whether the allergen is present, and if so, in what concentration.

Testing performed by the research team showed that measurements of the allergen concentration is extremely accurate.

Consumers may be able to purchase the iEAT device and corresponding app in the near future. The research team has granted a license to a local start-up company to make the system commercially available.

WIRELESS SLEEP MONITORING SYSTEM COULD MAKE SLEEP STUDIES MUCH EASIER

Sleep disorders are typically diagnosed by bringing a patient into an overnight sleep lab. However, individuals with sleep disorders may have even more difficulty when they are hooked up to wires and in the artificial setting of a sleep lab.

To make it easier to diagnose and study sleep problems at home, researchers at the MGH and MIT have created a new system for measuring sleep that is wireless, portable and powered by artificial intelligence.

The system consists of a laptop-sized device that emits low-frequency radio waves while an individual is sleeping. The device then measures changes in those waves that are caused by shifts in movement and breathing patterns in sleeping individuals. The device then uses an advanced algorithm – powered by artificial intelligence – to translate these changes into the different stages of sleep.

In a test of 25 healthy volunteers, the new system proved to be 80 percent accurate in identifying sleep stages, which is comparable to the accuracy of a sleep specialist reading EEG measurements, according to the research team.

Their next step is to use the system to investigate how Parkinson's disease affects sleep. Future research projects could look into common sleep disorders – such as insomnia and sleep apnea – investigating how sleep is affected by Alzheimer's disease, and detecting epileptic seizures that occur during sleep.

Matt Bianchi, chief of the MGH Division of Sleep Medicine, was a senior author on this work. ■

Celebrating a life

TOUCHING TRIBUTE: Chester
left, and Rosenbaum

FRIENDS AND COLLEAGUES joined together with family and loved ones Sept. 22 to honor the life of longtime MGH psychiatrist, Chester M. Pierce, MD, during a special memorial celebration at Harvard University. Pierce died at the age of 89 in September 2016. During his distinguished career he received many notable honors and recognitions, including being named the first African-American full professor at the MGH, and having the MGH Division of International Psychiatry renamed the Chester M. Pierce Global Psychiatry Division.

"His accomplishments are staggering and yet that was not what defined Chet," said Jerrold Rosenbaum, MD, psychiatrist-in-chief, who was one of the service's featured speakers. "Chet was always more about who he was and not just what he had done; there are individuals who inspire us by their deeds, there are individuals who inspire us by their character and moral force. Chet was both. There are individuals who lead by direct guidance and imparted wisdom, there are individuals who lead us by their example; Chet was both."

— *Veteran*

(Continued from page 2)

and an emergency department, and he has not had a day off since June.

"People who are putting themselves in harm's way are doing so with confidence, knowing we're here standing by to do whatever they need should they become injured or require our services," said Gottlieb. "Thank you to everyone for their support and for keeping us in their thoughts. For the most part, the forces have been here 16 years, and the fight does continue. But the support we get from home is palpable. Go Army, beat Navy." ■

SURPRISE FROM OVERSEAS:
Gottlieb joins the breakfast via Skype.

Two MGHers honored with Ernesto González Award

"IT'S POSSIBLE I will never see the recovery of my homeland during my lifetime," said Ernesto González, MD, MGH dermatologist, speaking of the recent damage in Puerto Rico caused by Hurricane Maria. "But, it is all of our responsibility to maintain our human fabric. The MGH was instrumental in its collaborative efforts with other institutions to provide 150,000 pounds of medical supplies to several of the most affected hospitals in the Island. Many of those responsible are in this room and I am honored and humbled to be in their company."

OUTSTANDING INDIVIDUALS: From left, Rodas, González and Vela Parada

In 2005, González won the award for Outstanding Contributions to the Latino Community, which later was renamed in his honor. This year Mario Rodas, administrator for the MGH Physical and Occupational Therapy Services, and Xavier Fernando Vela Parada, MD, research fellow in Nephrology, were the recipients of the Ernesto González Award for Outstanding Contributions to the Latino Community, recognizing their contributions to improving the experience of Latino patients, families, visitors and employees within the MGH and beyond.

Rodas was recognized for his work as a diversity and inclusion spokesperson at the MGH and throughout the city of Boston. He shared his experience as a formerly undocumented citizen whose story was told by then-Sen. Ted Kennedy on the floor of the Senate in defense of immigration policy.

"I'm lucky to be a proud MGHer and it's a true testament to the fact that at this hospital we all come from all walks of life," said Rodas after accepting his award. "But the reality is that there are many other individuals out there that are not as lucky as I am and I'm super proud when our leadership and our hospital raises its voice for issues affecting our workforce, patients, families and our community."

Vela Parada was recognized for his work using his medical expertise in Nephrology in his home country of EL Salvador, educating patients and families and researching renal disease from environmental exposure.

"I think that the future of America is diverse, and that Latinos are already playing an important role in several areas that span from public service to the development of innovative technologies," he said. "This award recognizes that people within the MGH are promoting more initiatives that benefit the Latino community while at the same time acknowledging those who came before us, as is in the case of the remarkable work done by Dr. Ernesto González." ■

Nursing excellence

ON NOV. 9, in front of a large crowd gathered in the O'Keeffe Auditorium – and watching online via a televised live stream – Jeanette Ives Erickson, RN, DNP, senior vice president for Patient Care Services and chief nurse, thanked the MGH nursing community for their concerted efforts leading up to, and during, the recent Magnet site visit.

From Nov. 6-9, four appraisers from the American Nurses Credentialing Center visited patient care areas throughout the main campus and satellite sites to verify, clarify and amplify the hospital's written evidence submitted in June. The visit comes as part of the MGH's effort to be redesignated as a Magnet organization, the highest honor bestowed upon health care organizations for nursing excellence.

"I am grateful from the bottom of my heart for all those leading the way in patient care, advancing our mission and highlighting our level of collaboration," Ives Erickson said. "The appraisers shared some really positive feedback about the interdisciplinary approach to patient care at MGH."

The wrap-up ceremony also was an opportunity for Ives Erickson to pass the torch to successor Debbie Burke, RN, DNP, who will succeed Ives Erickson on Jan. 1, 2018. To mark the occasion, Ives Erickson presented Burke with an official Magnet Chief Nurse pin.

In 2003, the MGH was the first hospital in the state to earn Magnet recognition. Since then – every four years – the MGH has continued to achieve Magnet status, an honor bestowed to approximately 9 percent of all registered U.S. hospitals. The MGH is expected to be updated on the status of its application in early 2018. ■

World Diabetes Day

Picture perfect

MEMBERS OF THE Diabetes Self-Management Education program paused for a picture during their annual World Diabetes Day Event on Nov. 14. Patients, visitors and staff stopped by the table to learn more about diabetes, to ask questions about nutrition and healthy eating and to take part in free blood pressure screenings.

Fight the flu

MGH STAFF: It is not too late to get a flu shot. The following locations will continue to offer the seasonal flu vaccine in the coming weeks:

- **Central Flu Clinic:** Visit one of two locations – the Wang Lobby (Tea Leaves and Coffee Beans) or Yawkey 2 (above the Riverside Café). Both locations will be open Monday through Friday, 8 a.m. to 6 p.m. through Dec. 8.
- **Occupational Health Services Office:** The office at 165 Cambridge St., 4th floor, is open weekdays from 7 a.m. to 5 p.m. Walk-ins are welcome, or call 617-726-2217 to make an appointment.

As an added incentive, every MGH employee who receives and documents their flu shot – or their declination – in PeopleSoft by Dec. 8 will be entered into a special drawing to take home a New England Patriots jersey, signed by tight end Rob Gronkowski.

Staff can document their status in PeopleSoft by visiting Employee Self Service > My Details > Vaccination Status.

For more information, visit *www.massgeneral.org/flu* for updated flu vaccine schedules and information. ■

STRONG SUPPORT: Frates, center in purple, with members of the MGH Women in Leadership Committee

Leading the way

NANCY FRATES – advocate, community liaison and mother – was the featured speaker at this year's annual MGH/MGPO Women in Leadership event Oct. 26 in the O'Keeffe Auditorium. In 2012 at the age of 27, Frates' son, Pete, was diagnosed with Lou Gehrig's Disease, also called amyotrophic lateral sclerosis, or ALS. He is the inspiration for the ice bucket challenge fundraiser, which has raised $220 million to support ALS research.

Following the event, a reception and networking activity was hosted at the Paul S. Russell, MD Museum of Medical History and Innovation. The Women in Leadership group is a volunteer led committee made up of MGH/MGPO directors and managers who focus on professional development of women at the hospital.

For more information or to become involved, email *womeninleadership@partners.org*.

2017

MGH *Hotline's* Year in Review

MGH HOTLINE will publish its annual 2018 calendar and Year in Review coverage in its Dec. 29 edition. This year's look back at 2017 will feature notable numbers from departments, divisions, committees and groups within the MGH.

We hope to include your fun facts and figures and ask that you send between one and four interesting items you'd like to share with the MGH community. Examples include number of: patient visits, phone calls fielded, meals served, babies born, supplies ordered, rooms cleaned, miles traveled and projects completed. We want to showcase your hard work and dedication to the hospital and our patients and families.

Please email your fun facts to *hotline@partners.org* by Friday, Dec. 8.

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MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

From left, Clarke, Fernandes, Moura, Elkacemi and Norman

'I am MGH'

Diversity is the richness of human differences. Inclusion is when everyone feels connected, valued and engaged. At the MGH, we believe that because of diversity we excel; through inclusion we respect; focused on equity we serve, heal, educate and innovate.

ON THE TRAIN. In a car. On foot. Aboard a bus. Riding a bike. MGH staff all come to the hospital via varied routes, methods and neighborhoods. Yet, they come together at the MGH with one common goal – providing and supporting the very best in patient care. These individuals bring with them different perspectives and backgrounds. As part of the MGH's ongoing focus on diversity and inclusion hospitalwide, staff share their personal stories about what makes them unique, how their differences help their colleagues, patients and visitors to the hospital, and what their goals are for the future. This is the first installment in the "I Am MGH" series.

Lidia Moura, MD, MPH, of the Department of Neurology, was born in Alagoas, one of the most violent and poor states of Brazil. Moura lived in seven different cities – from Porto Calvo, a city in which more than half of the adult population remains illiterate, to Brasilia, the capital city. She witnessed barriers to access to health services in different settings and was determined to follow her dreams to better the lives of those around her. With a medical degree and a master's degree in public health, she now is pursuing her doctorate at Harvard T.H. Chan School of Public Health. She has received six research

(Continued on page 4)

Demystifying disability

"THIS MORNING WE CELEBRATE the everyday heroes who remind us that a disability is just a part of an individual's story," said Steve Taranto, director of Human Resources, at the fifth annual Breakfast of Champions, hosted by the Employee Disability Resource Group (EDRG) Nov. 16. This year, a record number of 19 nominees were recognized and celebrated for the 2017 Disability Champion Award. "The nominees today exhibit extraordinary commitment to disability issues and really do work that goes beyond their everyday jobs."

Of the nominees, the winner of this year's award was Lori Palley, DVM, assistant director of Veterinary Services. "Lori has been instrumental in coordinating the program that supports emergency walks and care for the service animals of patients with disabilities who cannot care for them while at MGH," said Rebecca Coburn Bassi, senior Satellite Operations manager, in her nomination of Palley. "Lori amazingly is available 24/7, 365 days a year, and she selflessly goes above and beyond to ensure patients with these unique needs never have to worry about their animal lifeline."

Palley – who helped found the program – continues to actively solicit more volunteers. When she recently shared the need for more volunteers, more than 100 employees responded to her call. Palley reached out to every one of these people to determine if they were good candidates and now is in the process of organizing interviews.

The breakfast also featured a reflection from Oz Mondejar, vice president of Talent Management for Partners HealthCare and senior vice president of Mission and Advocacy at Spaulding Rehabilitation Network & Partners HealthCare at Home. "Thanks to the Disability Resource Group's work, we are changing minds and changing hearts," he said. "We are breaking down barriers and assumptions, we are learning so much more about each other by focusing on individuals' strengths and their abilities, and we are making new friends."

BEYOND THE CALL OF DUTY: Taranto and Palley [illegible]

Profiles in Education: *Lindsay Carter, MD*

This profile is part of a series designed to highlight the importance and impact of the hospital's teaching mission and the work of the MGH Executive Committee on Teaching & Education (ECOTE).

Lindsay Carter, MD, is a pediatric hospitalist, PCE Warren House director, and inpatient director for Pediatric Quality and Safety.

WHO DO YOU TEACH AND WHAT DO YOU HOPE THEY LEARN FROM YOU? HOW HAS YOUR TEACHING STYLE OR APPROACH CHANGED OVER TIME?

I teach both medical students and pediatric residents, primarily in the inpatient setting. I also run simulations and small group sessions. What I want them to learn is *how* to think about a clinical problem, rather than *what* to think. When a student or resident can reason through the facts presented and generate independent ideas, it is incredibly exciting for me. I want them to have confidence in their abilities but they should be led on that journey of building that skill set. It is crucial for them to trust themselves as physicians and as caretakers throughout their career. I have become more patient, more interactive and more creative as time has passed. Not all learners are the same, and it is important for me to adapt my style and technique to those I am teaching. The constant challenge is what makes it so enjoyable.

TELL US ABOUT A MAGICAL TEACHING MOMENT.

I was running a simulation for medical students about an infant in respiratory distress. This same group of students had done two previous simulations with me, and we had talked through how to approach a sick child. When this simulation began, initially each student was unsure of roles or how to approach the patient and anxiety levels started to rise. Then, it suddenly clicked. One student assigned roles, everyone began performing their piece of the puzzle, and they started to care for the patient and the mother. They implemented each clinical tool we had talked about previously in a calm, collected manner and did a great job. The most exciting part for me though was seeing the shift in mentality and the growth of confidence in the exercise. One student said to me, "Oh, so that's what it feels like to be a doctor!" It made my day.

WHAT DO YOU ENJOY ABOUT TEACHING?

I love being pushed as an educator. Students ask the most thought-provoking questions; they challenge dogmas that have been around for years just by asking "why." I then realize I don't know the answer and we go on the journey together to find out. Teaching means always learning. Every time I learn something new it rejuvenates me as a physician and as a learner. I feel like I'm always increasing my knowledge, honing my skills and enhancing the care I deliver. What I also enjoy about pediatrics is how much we involve families in the education. We often conduct teaching sessions in rooms and involve parents and patients. More often than not, the patient or parent becomes the teacher, and I think it helps families feel appreciated and recognized for their expertise.

WHAT DOES IT MEAN TO YOU TO WORK AT A TEACHING HOSPITAL?

My fear is that patients believe a teaching hospital means that they are being practiced upon by students and residents and that there are more mistakes or higher rates of error. To me, it is the exact opposite. Working in a teaching hospital means caring for patients in a place that is at the forefront of innovation with an entire community available to assist in that care. It means having the best resources, the best specialists, the best ancillary services, all at our fingertips. Most importantly, working in a teaching hospital means that as a physician, I cannot get complacent because someone is always asking "why." I couldn't imagine working anywhere else. These students and residents are fascinating people; they have done incredible things already; they have such rich knowledge bases and life experiences that I feel very lucky to be around them.

WHY IS MGH'S COMMITMENT TO EDUCATION IMPORTANT?

Education at MGH is one of the core missions of the institution, as it is imperative for the advancement of clinical care. The commitment to education by MGH and all who work here is what makes us so good at what we do. Learners elevate the environment, they ask hard questions, they probe beyond the surface of an issue and they push teachers to work harder. Most importantly, a culture of education is a culture of caring. To deliver the best and most comprehensive care, you must be learning at all times and from all those around you - patients, families and colleagues. For me, I look around and realize that I am training the physicians who will care for my kids one day. That's all the motivation I need. The students and residents are the future of medicine and we, as educators, get to shape that future. There is no better job. ■

Help for Puerto Rico

ON NOV. 25, a team of a 26 MGH staff members deployed to Puerto Rico to assist in the continued recovery following Hurricane Maria, which made landfall on the island in late September. The team, which was organized by the MGH Center for Disaster Medicine and the MGH Center for Global Health's Office of Global Disaster Response, includes five physicians, one physician assistant, 15 nurses, four nurse practitioners and one logistics/security staff. The team is expected to be deployed for two weeks and will work closely with federal and local partners to assess and address the needs of the local population.

Technology Today

Your Source for IS News and Updates

Home Drive and Shared File Area issues, explained

Many MGH staff have had questions about enterprise-wide technology, including the occasional issue. Here, Keith Jennings, MGH/MGPO chief information officer, sheds some light on a variety of things from the Information Systems (IS) perspective. This is the first in a series of Hotline *articles about all things IS-related.*

Throughout the past few months, there have been recurring issues with Home (H) Drive slowness, Shared File Area (Isilon) slowness and Citrix workspace applications or Virtual Desktop Environment. To shed light on these issues, this Q&A will explain what Isilon is, how Isilon issues affect staff and what IS has done to correct the platform.

WHAT IS ISILON?

Isilon is a high-performance storage platform from Dell/EMC that Partners HealthCare Information Systems (PHS IS) uses to store, manage and secure information across the Partners enterprise. A key feature of Isilon is its scalability – the ability for customers to keep adding more storage as their needs grow. Isilon is comprised of several 100 terabyte nodes, and as our storage needs grow we purchase and install additional nodes. This platform is an industry leader used by many organizations, including some of our peer institutions such as Harvard and the Broad Institute.

Partners has four separate Isilon platforms installed in our datacenters that store more than a petabyte of data – equal to almost 60,000 movies or 20 million 4-drawer filing cabinets. It is the largest of these platforms – which we refer to as the General Purpose or GP Isilon – that has been having issues.

WHY DO ISILON ISSUES AFFECT US?

PHS IS uses the GP Isilon platform in many ways to support the needs of our clinicians and staff. That includes housing the H Drives and Shared File Areas, storing streaming data from neurophysiology monitors and storing content for various internet and intranet sites. The GP platform also houses connections/initialization files for many applications launched from the Partners/"P" menu, from within the Citrix MyApps/Workspace portal and the Virtual Desktop environment.

While PeC/Epic, often our bellwether for severity, was not affected by this spate of issues, the footprint of the GP Isilon platform is so large that the recent issues with it affected just about everyone at the MGH and across Partners.

WHAT EXACTLY HAPPENED?

About three months ago, various nodes in the GP Isilon began to go into spasm and either stop working or work extremely slowly. Users were unable to access or save files stored on the troubled nodes or, in some cases, could open or save files, but only after a 5- to 10-minute wait, making the application unusable from a practical standpoint. This same hang time would occur with some applications on the Partners menu or Myapps Citrix portal.

When a node went into spasm we could occasionally get it functioning again. While it took time, it kept the disruption localized to the users with data on the nodes in question. Other times, we had to reboot the entire GP Isilon platform, which restored the nodes but resulted in a 20- to 30-minute outage for all users.

HOW WERE THE ISSUES IDENTIFIED AND FIXED?

At first, the only thing we could determine was that the nodes having issues tended to be older nodes installed a few years ago when we began using the Isilon platform. The newer nodes seemed unaffected.

Unfortunately, we also had little instrumentation allowing us to see inside any nodes or the platform. Much like your car dashboard may have a speedometer, tachometer and check-engine light, we have a growing set of tools we can use to monitor our servers in the datacenter and the Partners computer network. But for now, we had little information on what was going on inside of the Isilon nodes. We knew when it was down but couldn't see when trouble was starting.

"Much like your car dashboard may have a speedometer, tachometer and check-engine light, we have a growing set of tools we can use to monitor our servers..."

PHS IS storage engineers, working with Dell/EMC, took the traditional first step of adding memory and processor power to the older nodes hoping that would reduce or eliminate the problem. Despite the increased horsepower, older nodes on the GP Isilon continued to experience spasms and outages.

Ongoing reviews proved inconclusive, while the outages continued to occur periodically. Dell/EMC suggested we purchase new nodes to replace the older, issue-prone nodes, but could not guarantee resolution. Since a key selling point of the Isilon platform was the ability to expand by adding new nodes without having to immediately upgrade existing ones, we engaged in negotiations and settled on a "try before you buy" model, where we would put new nodes into service, retire the suspect older nodes and would only pay for the new ones if the Isilon issues subsided.

The new nodes arrived at our datacenter in mid-October and were placed in service right after Halloween. The plan was to install the new nodes, take two weeks to migrate all the data from the older nodes onto the new ones and then remove the old nodes. This plan immediately reduced the load placed on the suspect older nodes without incurring a multi-hour downtime an immediate one-for-one replacement would require.

WHAT WAS THE ROOT CAUSE OF ALL THESE ISSUES?

Unfortunately, even with the new nodes and the reduced load on the older ones, the older nodes continued to occasionally spasm. This reinforced for PHS IS and Dell/EMC that there was an underlying and as-yet undiscovered root cause. Dell/EMC sent a team of experienced engineers to us and we set up a 24/7 war room in Assembly Row to review, inspect and research the issue.

After six days we appeared to find the root cause. While the Isilon platform is intended to support nodes of various ages and performance, we discovered a bug in the underlying firmware – software deep inside the application not visible or customizable by a customer – that was causing our older nodes to fail. Being in the firmware, the bug exists in every Isilon installation, at Partners and all other customers. However, it took a unique set of circumstances – the size and makeup of our nodes, the amount of data we store and how often we read or update it – to express the bug.

"...we discovered a bug in the underlying firmware – software deep inside the application not visible or customizable by a customer – that was causing our older nodes to fail."

Dell/EMC took the findings back to their engineering department and updated their firmware to address the bug. The updated firmware was applied to our GP Isilon platform the week of Nov. 13, and since then the platform has remained stable. While potentially unnecessary, we are keeping the upgraded nodes and have removed the older nodes from the platform.

An additional positive outcome from the war room session with Dell/EMC was the creation of a set of monitoring tools that we will be able to use going forward. Initially designed to help diagnose the error, we can use them to monitor the help of the nodes and the platform, and respond quickly to any new issues that arise. ■

A giving community

THE NOV. 15 BLOOD DONOR RECOGNITION BREAKFAST reflected a cross section of the MGH. Employees gathered around tables in the Thier Conference Room to share a meal together. Some were meeting for the first time, while others were old friends who had met while reclining in donor chairs.

"It's amazing," said Kimberley Cronin, manager of the MGH Blood Donor Center. "Employees from across the hospital take time out of their day to donate. Many come time after time, see familiar faces and become friends with those they meet in the center."

Buildings and Grounds staff, researchers, nurses, administrators and Massachusetts Eye and Ear Infirmary staff mingled together while sipping coffee, enjoying breakfast potatoes and checking out this year's donor gift – an MGH lunch bag.

Among those honored with awards for their donations was Karen Harty, the Orthopaedics Department. "I like giving blood and platelets," she says. "It relaxes me to sit and know that others are being helped by me donating."

Cronin said she often is asked by donors if they can find out where their donation had been used. Although exact uses of donations cannot be determined, she did share a variety of cases in which blood donations played a crucial role in saving a patient's life.

"On behalf of the many patients and their families, thank you for giving the gift of life," said Cronin.

GIVING THE GIFT OF LIFE: Robert Makar, MD, medical director of the MGH Blood Donor Center, presents Harty with a certificate.

– *Diversity*

(Continued from page 1)

awards during the past three years, while also being a mom to a 3-month-old son and 2-year-old daughter. One of her goals for the future is to reduce health inequities in neurology care.

Ailina Fernandes has spent the past six years as a supervisor in MGH Nutrition and Food Services. She speaks four languages: Portuguese, Portuguese Creole, English and Spanish. Fernandes has four sons with whom she loves to play soccer. Her goal for the future is to continue to pursue her dreams – making the impossible, possible. She also is striving to complete her college degree and become a dietician.

Dennis Norman, EdD, is a senior psychologist at the MGH where he has worked for 38 years. He also serves as chair of the Harvard University Native American Program. Norman – who grew up in Oklahoma, Wyoming and Idaho – has spent his career studying and teaching human development, culture and anthropology and clinical psychology. One of his goals for the future is to help build healthy Native American communities, which tend to have the highest degree of inequities and inequalities.

Mourad Elkacemi has worked at the front desk for pediatrics for the past three years at MGH Revere HealthCare Center. He speaks Arabic, French, English, Moroccan dialect and some Spanish. Soccer is his favorite pastime and says there is only one team to support – Real Madrid. One of Elkacemi's goals for the future is to continue to advance at the MGH, and continue to be a role model and provider for his children.

Chimwemwe Clarke, RN, has worked at the MGH for nearly 20 years, 17 of those as a nurse. She currently is a graduate student at Suffolk University, pursuing a degree in health care administration. Clarke's passion to help others includes her patients on Ellison 10, as well as underprivileged children in Malawi, where she was born and raised. She has traveled to the East African country three times in the past five years with donations of food and books for youth in area schools and shelters. One of her goals for the future is to travel to Italy.

Everyone is valued here.

Everyone is appreciated here.

Everyone is welcome here.

Everyone is different and unique here.

Watch the "I am MGH" video on the MGH Youtube Channel. ■

Don't forget to get a flu shot!

FROM DEC. 3 - DEC. 9, the National Influenza Vaccination Awareness (NIVA) week will be observed. Established 17 years ago by the Centers for Disease Control and Prevention (CDC), the week highlights the continued importance of getting a flu shot. The CDC chose this as NIVA week to remind people that even with the holiday season approaching, it is not too late to get a flu shot.

Here at the MGH, the following locations continue to offer the seasonal flu vaccine, and those who receive and document their flu shot – or their declination – in PeopleSoft by Dec. 8 will be entered into a special drawing to take home a New England Patriots jersey, signed by tight end Rob Gronkowski.

- **Central Flu Clinic:** Visit one of two locations – the Wang Lobby (Tea Leaves and Coffee Beans) or Yawkey 2 (above the Riverside Café). Both locations will be open Monday through Friday, 8 am to 6 pm through Dec. 8.
- **Occupational Health Services Office:** The office at 165 Cambridge St., 4th floor, is open weekdays from 7 am to 5 pm. Walk-ins are welcome, or call 617-726-2217 to make an appointment.

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MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

From the MGH to the MBTA: Employee saves stranger's life

__ON MY COMMUTE HOME__ one evening in May of this year, I was waiting for the train at the North Station "T" stop when I heard a loud thud followed by frantic screams. Drawn to the commotion, I discovered that a man had fallen onto the train tracks. To say this was an intense situation would be a gross understatement. Indeed several onlookers panicked and fled the scene.

Joseph Makalusky, an attorney in Boston, penned these words in a letter to the directors of the MGH Core Laboratory about a potentially fatal event during an evening commute that was avoided with the quick help of Moises Morales, a clinical laboratory assistant in the Core Lab.

Mr. Morales, in stark contrast, handled the situation with aplomb; he moved quickly to the edge of the platform, encouraged the man to get to his feet and took the lead in pulling the man to safety before the train arrived. Mr. Morales literally saved this person's life.

Morales's courageous actions – and Makalusky's letter – led to Morales being recognized by Peter L. Slavin, MD, MGH president, Dec. 12. Slavin honored Morales with an Excellence in Action Award, a monthly honor applauding the actions of MGHers both within and outside the walls of the hospital.

"He walked by me, tripped, and just fell. I wasn't going to leave him there," says Morales. He urged the fallen man to stand up and when he finally did, helped pull the man out of the tracks with the help of Makalusky, who assisted Morales. "We work here at MGH with patients who are sick, and we just help them. I would have done it for anybody, and I would certainly do it again."

I felt compelled to write this letter because his actions should be lauded. As medical professionals, you strive to improve the health and well-being of our community with compassion and composure, and, as I witnessed first-hand, Mr. Morales epitomizes this mission.

Dozens of Morales's colleagues gathered both in and outside of the Core Laboratory to join Slavin in celebrating the selfless deed.

"Moises takes care of others," said Nancy Stanganelli, senior technical director of the Core Laboratory. "He's a thoughtful, kind, caring, compassionate person. I wouldn't expect anything less from him. I am just amazed at the bravery he exhibited during this event."

You should be very proud of having people like Mr. Moises Morales representing your hospital – he certainly made an impact on me and the man on the tracks. ■

SELFLESS SAVIOR: From left, Makalusky, Morales, Slavin and Stanganelli

ROYAL RECOGNITION: Schiff, left, with Payette

A royal Canadian honor

"IT WAS LIKE A SCENE right out of the movies," says Isaac Schiff, MD, of the celebratory state dinner honoring recipients of the prestigious Order of Canada last month.

With a royal insignia on his tuxedo and his wife on his arm, Schiff, chief emeritus of the MGH Vincent Obstetrics and Gynecology Service, had the chance to hobnob with the likes of "Jeopardy!" host Alex Trebek, rock musicians, a former "Seinfeld" producer, historians and business leaders during a day full of events in Ottawa Nov. 17.

"We had a ball with the other honorees – quite literally," said Schiff.

A native of Canada, Schiff was one of 100 people to receive membership to the Order this year, recognized as one of Canada's highest civilian honors. Established 50 years ago by Her Majesty Queen Elizabeth II, the award recognized Schiff for his years of dedication to improving women's health, obstetrics and gynecology. The Order made note of Schiff's international contributions to advancing research on infertility and menopause and his longtime role as mentor to many at the MGH.

"It was such a thrill to meet the Gov. Gen. Julie Payette and all of these other accomplished people," says Schiff. "It's a day I'll never forget."

Research*Roundup*

***RESEARCH** at the MGH is interwoven throughout more than 30 departments, centers and units, and is conducted with the support and guidance of the MGH Research Institute. The Research Roundup is a monthly series highlighting studies, news and events.*

RESEARCHERS USE MACHINE LEARNING TO IMPROVE BREAST CANCER SCREENING TECHNIQUES

The current standard treatment for high-risk breast lesions – areas of tissue that appear suspicious on a mammogram and have abnormal but not cancerous cells when tested by needle biopsy – is surgical removal. However, after undergoing this painful procedure, many women learn their surgery was unnecessary, as 90 percent of lesions end up being benign.

A change in the standard of care could be on the horizon thanks to a team of researchers at the MGH and MIT Computer Science and Artificial Intelligence Laboratory. They have harnessed the power of artificial intelligence (AI) to develop a more accurate and less invasive screening method for high-risk lesions.

The team developed an AI system that uses machine learning to distinguish between high-risk lesions that need to be surgically removed and those that should just be watched over time. This is the first study to apply machine learning to the task of distinguishing high-risk lesions.

The system correctly diagnosed 97 percent of 335 high-risk breast lesions as malignant and reduced the number of unnecessary surgeries by more than 30 percent, compared to existing approaches. These results recently were published in *Radiology*.

MGH radiologists will begin incorporating the model into their clinical practice throughout the next year.

Constance Lehman, MD, PhD, chief of the Breast Imaging Division, and Manisha Bahl, MD, director of the Breast Imaging Fellowship Program, were collaborators in this research.

LIQUID BIOPSIES GIVE CLUES ON WHEN AND WHY CANCER TREATMENTS LOSE THEIR EFFICACY

Many cancer patients eventually develop resistance to their treatments. To help oncologists quickly and accurately identify early signs of treatment resistance, researchers have developed a new liquid biopsy diagnostic tool. A team from the MGH Cancer Center is providing confirmatory data that may help to move liquid biopsies into clinical practice. These data were presented at the ESMO 19th World Congress on Gastrointestinal Cancer.

One type of liquid biopsy detects circulating tumor DNA (ctDNA) – genetic material released by dying tumor cells that flows through the bloodstream. ctDNA can provide early evidence that a treatment is no longer working. It also offers a more complete picture of the genetic changes in tumor cells that are driving the resistance to treatment, which could guide new treatment courses.

To test the efficacy of ctDNA testing, the Cancer Center investigators followed nearly 40 patients with various forms of gastrointestinal cancers who had experienced initial success with targeted therapies, but then began to show signs of treatment resistance. Using liquid biopsies, researchers identified one or more mutations or mechanisms that contributed to treatment resistance in 31 of the 40 patients, and 14 patients had multiple mutations contributing to resistance.

"Identifying what specific mutations are responsible for treatment resistance is very important in helping clinicians choose what treatment path a patient should try next," said study investigator Aparna Parikh, MD, of the MGH Cancer Center.

Parikh says the next step is to study how best to use this new technology in daily practice. ■

Physician recognition dinner honors clinical excellence

MORE THAN 680 PHYSICIANS and guests gathered to celebrate at the ninth physician recognition dinner and the presentation of the McGovern Awards for Clinical Excellence Nov. 11 at the Westin Boston Waterfront Hotel. The 2017 McGovern Award recipients are Annemarie Fogerty, MD, of Hematology/Oncology; Ted Hong, MD, of Radiation Oncology; and Gus Vlahakes, MD, of Cardiac Surgery. This year, 175 nominations were submitted for 87 physicians.

Created in 2004 in memory of Brian A. McGovern, MD, the awards honor physicians who emulate his dedication, compassion, and kindness. The awards are endowed by a gift through the Ira and Jacquie Stepanian Recognition Endowment for Excellence.

COMPASSIONATE CAREGIVERS: From left, Vlahakes, Fogerty and Hong

Each recipient was introduced by a physician colleague who read excerpts from the nomination letters. Inga Lennes, MD, senior vice president for Practice Improvement and Service Excellence, congratulated Fogerty as the medical services recipient. She said Fogerty is always available to help junior colleagues and that her consults give patients a new outlook on their condition.

Dave Ryan, MD, chief of Hematology/Oncology, said he was pleased to honor Hong as the recipient from other services. He highlighted Hong's ability to help junior faculty, fellows and residents navigate the nuances of academic medicine and improve patient care by applying new technologies, describing how Hong coordinated care for a patient from across the country.

Dolph Hutter, MD, of Cardiology, announced Vlahakes as the surgical award recipient. He praised Vlahakes for always putting patients and their families first, for always providing encouragement and advice with a smile and for being the go-to physician in the division.

Tim Ferris, MD, MGPO CEO, was the emcee for the evening, and Peter L. Slavin, MD, MGH president, offered opening remarks.

Sharing the wisdom and joy of patients

MGH CLINICIANS gathered Dec. 11 for the Schwartz Center Rounds for the Primary and Palliative Care Community, where caregivers and audience members shared touching experiences and important lessons learned while witnessing a patient's journey at the MGH.

"I think my ability to help my patients and my ability to help myself is much better after 27 years of knowing my patients," said Patty Gibbons, MD, of the MGH Medical Group, who attended the rounds. "Being a primary care doctor, you are on the inside when patients and their families make decisions. It has opened my mind to ways of doing and being that would not have occurred to me decades ago. I can pass that on to others who are going through life experiences I haven't been through."

om left: Britton, Edgman-Levitan, Baptista, Rinaldi, Shea
d Moscow

Many spoke about how they were inspired by the simple, compassionate actions of patients and their loved ones. Panelist Arminda Baptista, lead clinical associate at MGH Medical Group, spoke about the spouse of a diabetic patient who packs a special lunch with all of the necessities – utensils, a placemat, a drink – to ensure the well-being of his partner.

Panelist Simone Rinaldi, NP, of the Palliative Care Division, described her patients' "simple but courageous acts," such as going to a sports game in a wheelchair or stopping at a favorite fast food restaurant after chemotherapy before their nausea sets in. "Despite the knowledge that time might be short, patients continue to try, continue to show up, continue to say 'yes' to life," she said.

The discussion also featured panelist O'Neil Britton, MD, MGH chief medical officer and senior vice president, who acknowledged the importance of meeting patients where they are. The event was moderated by Susan Edgman-Levitan, PA, executive director of the John D. Stoeckle Center for Primary Care Innovation, and Barbara Moscowitz, MSW, LICSW.

Panelist Julia Shea, RN, of the Bulfinch Medical Group, said she recently was at a Christmas cocktail party out-of-state where many of the attendees – upon discovering that she works at the MGH – wanted to share their illness journeys and express thanks to those at the hospital who cared for them. "They just want their stories to be heard. I think since we come here every day, we are not as sensitive to the excellence in practice that happens here at the MGH and the impact it has on our patients."

Sharing collective experiences and expertise in Ukraine

FOR GENNADIY FUZAYLOV, MD, anesthesiologist at MassGeneral Hospital for Children, taking a vacation isn't about relaxing on white sand beaches or skiing on snowy slopes. Instead, Fuzaylov travels to Lviv, Ukraine every September to support pediatric burn rehabilitation efforts by working with a local medical center, Medicover, in support of Doctor's Collaborating to Help Children (DCTOHC), a non-profit organization he founded in March 2009. Fuzaylov leads a group to Ukraine on a mission to treat children with debilitating burn injuries, while providing educational lectures to their international counterparts to improve patient care and outcomes.

The team – comprised of Fuzaylov; Daniel Driscoll, MD; Branko Bojovic, MD; and Jeremi Mountjoy, MD, all of the MGH and Shriner's Hospital for Children; David Brown, MD, of the University of Michigan; Justin Knittel, MD, of Washington University; and Deborah Callahan, RN, of Shriner's – collaborate to treat complex and severe burns that medical facilities in the Ukraine cannot properly manage due to limited resources and outdated equipment and facilities. Since DCTOHC was established, the team has cared for 786 patients and performed 175 life-changing procedures. Patients who require surgical procedures that are too complex to be performed in Ukraine are transferred to Shriner's.

"We are able to share our collective experience and expertise with our colleagues in the Ukraine," says Fuzaylov.

Burn injuries – considered a forgotten public health crisis by the World Health Organization – cause 180,000 deaths annually. The vast majority of those injuries occur in low- and middle-income countries like the Ukraine. More than 40,000 individuals are burned accidentally in the country each year – 10,500 of which are children.

"The best treatment for burns is prevention," says Fuzaylov. "So in addition to treating patients and teaching fellow physicians, we're making every effort to educate the public on simple adjustments they can make to protect their families."

A study he and colleagues conducted showed that parents, child care providers and health care professionals lack knowledge in burn prevention and first aid. "The majority of burns we treat are caused by scalding water in the kitchen and bathroom," says Fuzaylov. "Simple solutions such as turning a pot handle out of reach or testing water temperature may seem like common sense, but they are educationally engrained in our culture. We're trying to spread that awareness where education has sorely lacked."

DCTOHC has developed Ukrainian television commercials and radio advertisements in an effort increase burn prevention techniques in the home. "We have already seen changes in practices and improvement in burn injury prevention," says Bojovic, "and also in the manner, efficiency and speed with which definitive care is being delivered."

During their 2017 trip, Fuzaylov and his team evaluated 149 new potential patients, guided treatment plan development for cases straightforward enough for treatment in Ukraine and began the difficult planning process to bring patients to the United States.

"Each trip provides our group a collective feeling of accomplishment and humanitarianism," says Fuzaylov. "We know we're bettering the lives of pediatric patients through all our efforts – surgery, education and research. I could never vacation on a tropical island knowing instead what an impact I could be making for needy children in Ukraine." ■

Annual Outreach
Doctors Collaborating to Help Children

CARE ACROSS CONTINENTS:
The outreach team in the Ukraine hospital in Sept. 2017

12.15.17 MGHHOTLINE

Harris leads Pediatric Global Health efforts as new chief

HARRIS

JASON HARRIS, MD, started his new role Oct. 2 as chief of Pediatric Global Health at MassGeneral Hospital for Children (MGHfC). Harris succeeds Patricia L. Hibberd, MD, PhD, chief of MGH Global Health, who led the division since its inception in 2010.

As chief, Harris is looking forward to bringing attention to ongoing MGHfC research and service initiatives in global health, such as HIV prevention in Botswana, diagnosing and treating childhood pneumonia in resource-limited setting and other important projects including his own work on cholera vaccines in Haiti and Bangladesh.

"Global health excites me, and this role presents a unique opportunity to bring attention to the great work that's being done in the field of global health," says Harris. "I am looking forward to connecting more people at MGHfC and MGH with global health through our overseas partners, and to bringing attention to global health issues that touch us immediately in the Boston area, including refugee and immigrant health."

In addition to these collaborative research and service efforts in global health, Harris will continue to provide care for pediatric patients and families in Pediatric Infectious Disease and the Division of Global Health at MGHfC.

What people are saying

ALONG WITH SHARING NEWS, events and information of the hospital, the MGH Twitter and Facebook accounts help keep our patients, staff and community connected. Here are a few things people have said recently on Facebook. To follow the MGH on Twitter, visit *http://twitter.com/massgeneralnews*. To "like" the MGH on Facebook, visit *www.facebook.com/massgeneral*.

Lorraine D: Absolutely the best staff all around!!

Rick O: Thank you MGH for the best care on the planet. You gave me my life back. Forever grateful.

Susana C: Thank you for your support. A big hug for you all. There is a lot of humanity at MGH. Thanks for taking care of my family and me.

Marc P: Exceptional care and commitment to their patients. MGH was my choice for a surgery that I underwent recently and I know I made the right choice. Great care by every person I came in contact with right on up the ladder from registration to discharge including housekeeping and food services!

Sharon J: You not only gave my husband the most extraordinary care, you gave him quality of life. With your brilliance, compassion, humor, patience and everything. Cancer was our life for 6 years. I am and will forever be grateful to everyone at MGH.

Christina D: We are full of gratitude and thanks for the wonderful doctors and nurses that have helped us through the years. God bless you all.

Michael L: The personnel at MGH, from the guys in the main drop off area, to the front desk greeters and volunteers, to the schedulers, to my radiation team, to my surgeon and surgical team, to all of the people I met there, they all treated me as if I was the most important patient in the world. Always helpful, always smiling and always ready for a high five or fist bump.

Sharyl R: I am grateful for all the doctors, nurses, therapists and staff of MGH who brought my husband back to me and tirelessly work to keep him healthy.

Joey P: My 75 year old father was admitted for heart surgery on a Monday and released 7 days later. The staff, organized process, cleanliness, and professionalism was remarkable. Every nurse took the time to explain things that were happening and the process it takes. I was very impressed. ■

Gold medal guest

SKATING IN SUPPORT: Scott Hamilton, Team USA olympic gold medalist and head of the Scott Hamilton CARES Foundation, visited the MassGeneral Hospital for Children (MGHfC) Cancer Center last week as part of his Boston-based Sk8 to Elimin8 Cancer fundraiser at The Skating Club of Boston. A portion of the more than $130,000 raised will benefit the MGH's pediatric cancer clinic and its patients. Hamilton is pictured third from right with MGHfC staff.

Upcoming *Hotline* editions

There are two editions of *MGH Hotline* left in 2017. Be sure to pick up the Dec. 22 holiday edition to see photos from some of the fun and festive happenings at the MGH this holiday season. The special final year-in-review edition will be distributed Dec. 29 and will include highlights from the 2017 year at the MGH and the 2018 fold-out calendar with a list of MGH holidays. The first 2018 edition will be distributed on Jan. 12.

EDITOR: Colleen Delaney • 617-726-0275 • **ASSISTANT EDITOR:** Colleen Keilty • 617-724-2753 • **WRITER:** Mae Driscoll • 617-726-8062
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12.22.17

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

N271NE
BOSTON
MedFlight

Here comes Santa Claus

SANTA'S REINDEER were resting up for the holiday, so Kris Kringle arrived at the MGH via MedFlight helicopter Dec. 21 for a pre-Christmas visit.

Santa — known any other day as Mike Lessard, MedFlight Equipment Retrieval operator and Dedham Fire Department Lieutenant — was accompanied by a pilot and two elves who double as nurses for their fourth aerial arrival to the hospital.

Santa and his flight crew visited pediatric patients, including McKenna Lappin, at right, on Ellison 17 and 18. They handed out helicopter pens, calendars and polar bear stuffed animals.

Thanks to MedFlight's quick transport, the jolly ol' man in the red suit has plenty of time to make it back to the North Pole and ready his sleigh for the big night. ■

Happy Holidays!

MASSACHUSETTS GENERAL HOSPITAL
BLOOD DONOR CENTER
HO HO HO

From platelets to presents

THE SPIRIT OF GIVING: The MGH Blood Donor Center collected more than just blood this holiday season. Sacks full of toys and gifts were generously donated throughout the month of December by members of the MGH Pathology Department to the center's toy drive. Then on Dec. 14, Ol' Saint Nick – with help from Kim Cronin, manager of MGH Donor Services; Alyssa Hill, Blood Donor Center marketing specialist; and Elf Jodi – packed Santa's sleigh and delivered the toys to 50 children on pediatric floors in the hospital.

A service of solace and light

BLUE CHRISTMAS: For many, the holiday season is a time for celebration, however, for others emotions elicited by this season can be difficult. A Blue Christmas Service was hosted Dec. 20 in the MGH Chapel, providing an opportunity for people to come together and know that in the midst of their struggles, they are not alone. The service included hymns, readings, prayers and a lighting of candles. All were invited to decorate a tree with messages of hope, concern, prayers and joys.

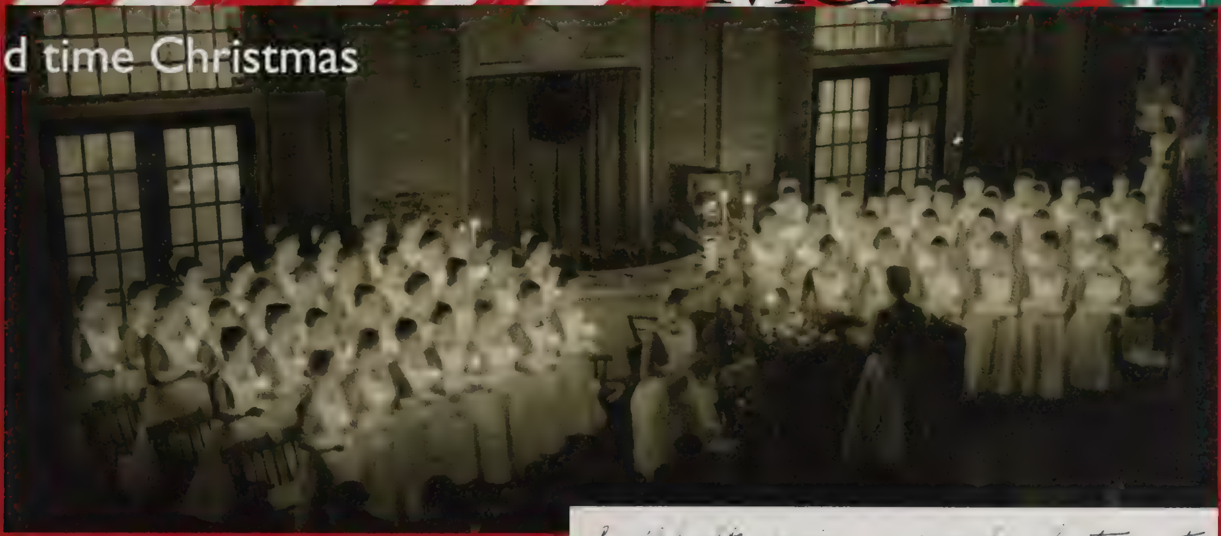
A HAVEN of hope

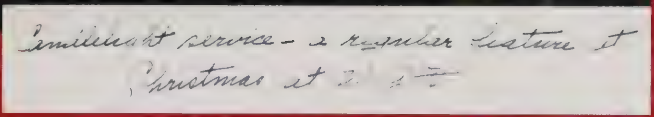
COMFORT AND JOY: This holiday season HAVEN (Helping Abuse and Violence End Now) hosted a gift card drive. More than 50 MGH departments and individuals participated, providing 90 HAVEN families and more than 100 children with gift cards. Organizers include: Front row, from left, Denise Cremins, Admitting Department; Michele Golden, HIM; Abby Farrand, HAVEN; and Sarah Kinnane, HAVEN; back row, Sandra Elien, HAVEN; Tyler Marchini, Admitting Department; and Diane Hurley, Admitting Deptment

Bruin up holiday cheer

HO, HO, HOCKEY PLAYERS ARE HERE: Christmas came a bit early for Colton Nykaza, 8, and other pediatric patients in the MassGeneral Hospital for Children (MGHfC) Cancer Center and inpatient units at MGHfC. On Dec. 11, Boston Bruins players – Ryan Spooner, Jake DeBrusk, Zdeno Chara and Brad Marchand (pictured here) – scored a hat trick, signing autographs, posing for photos and handing out Bruins gift bags. During the annual Bruins Holiday Toy Delivery, players also donned seasonal hats and costumes to the delight of children and their families.

An old time Christmas





Candlelight service – a regular feature at Christmas at M.G.H.

HOLIDAYS AT THE HOSPITAL: A photo from the MGH Archives depicts a candlelight service at the hospital in 1942 which – as is written on the back of the photograph - was "a regular feature at Christmas at MGH."

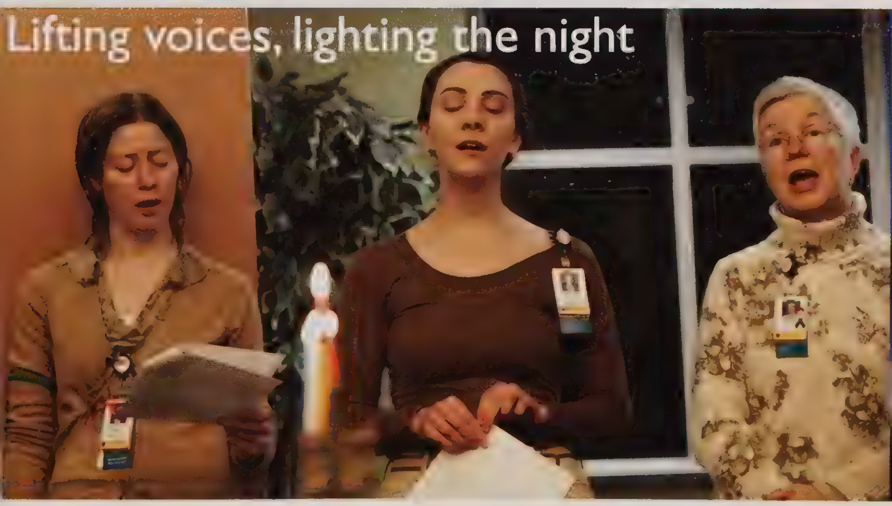
Packages, boxes and bows, oh my!

EAGER ELVES: Teens from the Revere Youth Zone, led by peer leaders, enjoyed a Wrap Party Dec. 18, as part of the annual MGH Revere HealthCare Center's Holiday Toy Drive. The gifts are donated to children in need at the health center. Grace Schierberl and Melissa Silverberg, from the Revere HealthCare Center's Pediatric Department, organized the event and delivered the gifts.

Stuffed with love

BEAR-Y MERRY: A new fleet of furry friends made their way to pediatric inpatients just in time for the holidays, courtesy of the Baker family of Newton, Massachusetts. The holiday tradition began when Jana and Bobby Baker's son, Gary, received care at MGHfC as a toddler. For the past 17 years, they – along with Gary's siblings, Kevin, Kylie and Brooke – have delivered teddy bears from Build-A-Bear to patients on Ellison 18. Fun, festive and adorned with red holiday bows, the bears are hoped to spark smiles and spread holiday cheer.

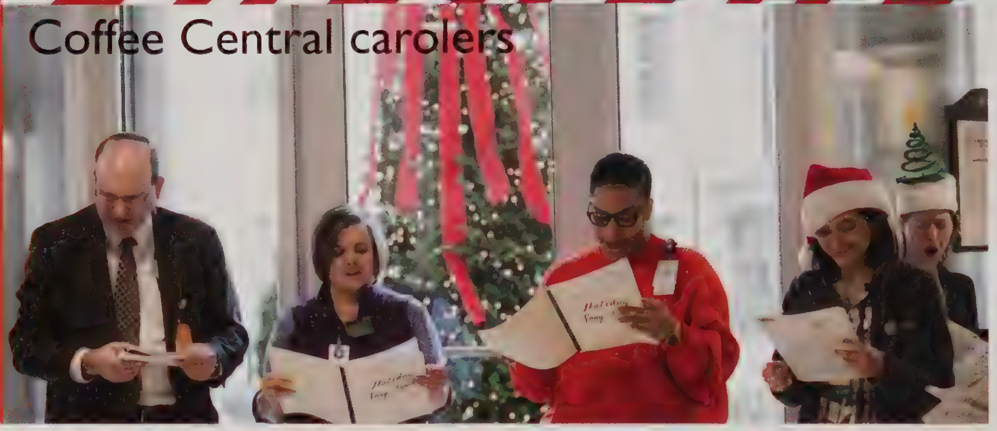
Lifting voices, lighting the night



CHOLIDAY CHANUKAH CHAPPENING: MGHers gathered in the East Garden Room Dec. 14 to celebrate the third night of Chanukah. The celebratioin was hosted by MGH Chaplaincy and Human Resources. Rabbi Ben Lanckton helped light the menorah and attendees celebrated with songs, dancing dreidels and foods made with oil – doughnuts and potato pancakes.

12.22.17 MGH HOTLINE

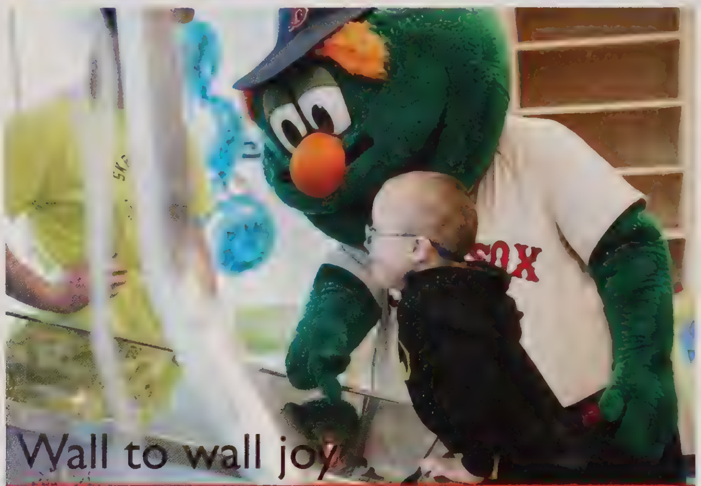
MERRY MELODIES: Merry carolers fa-la-la'd in the White Corrider, spreading cheer to colleagues, patients and visitors Dec. 19 during the annual Holiday Songfest hosted by the MGH Spiritual Care Department. Songbooks in hand and decked in their holiday best, MGHers happily sang and invited passersby to join in the merry making.



Coffee Central carolers

Dreidel, dreidel, dreidel

A HOME FOR THE HOLIDAYS: MassGeneral Hospital for Children received dozens of books, puzzles and stuffed toys from ROFEH International – an organization dedicated to supporting families who travel to Boston for medical care. The group delivered the gifts to a gathering in the Ellison 18 playroom, where children celebrated the second night of Hanukkah with a candle lighting ceremony and traditional songs and food.



Wall to wall joy

SPOTTED SOX: On Dec. 15, the Boston Red Sox made their annual holiday visit to MassGeneral Hospital for Children's inpatient units. The pitching staff, including Heath Hembree, Brian Johnson, Austin Maddox and Robby Scott, accompanied by Wally the Green Monster and his sister, Tessie the Green Monster, played pinball with patients, posed for photographs and gifted each child a signed baseball. The tradition dates back to 2002 when the Fenway Sports Group acquired the team.

Holidays around the hospital

JOY TO THE WORLD: MGHers gathered together Dec. 5 and Dec. 13 for the annual Holiday Reception hosted by Peter L. Slavin, MD, MGH president, and MGH Human Resources. Celebrations took place on both the main campus and at the Charlestown Navy Yard featuring jolly gingerbread men, festive music, smiling colleagues and general excitement about the holiday season.

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12.29.17

MGH HOTLINE

[illegible] BY LOOKING BACK: MGHers [illegible] through an X-ray.

A look back at 2017

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CANCER CENTER

- **3,300:** Patients enrolled in Cancer Center clinical trials
- **22,000:** New patients in Boston, Waltham and Danvers
- **15,000-20,000:** Calls received by the Cancer Call Center

EMERGENCY DEPARTMENT

- **108,714:** Patients seen
- **298:** Daily average of patients

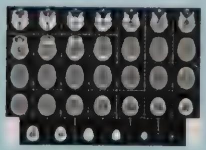
HEART CENTER

- **2,230:** Stents placed
- **35:** Daily average of stress tests
- **39:** Heart transplants performed

DERMATOLOGY

Esther Freeman, MD, PhD, is a dermatologist and epidemiologist specializing in global health dermatology, working to improve health care for patients living with HIV in sub-Saharan Africa. This year, Freeman and her team trained **147** health care workers in western Kenya to provide much needed wound care and pain relief for patients with life-threatening cutaneous drug reactions, ulcers and leg swelling from cancer.

IMAGING



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- **68%:** Increase in CT Lung Cancer Screening volume
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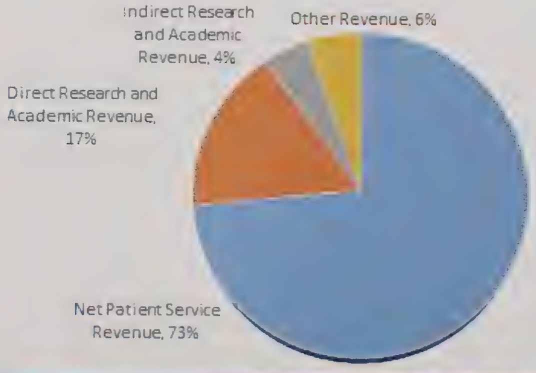
- **1:** Installation of first true Open MRI in the Partners network at Mass General Imaging Chelsea

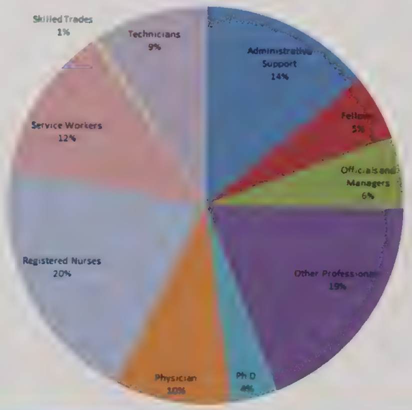
RADIATION/ONCOLOGY

RADIATION SAFETY

MGH 2017 Overview



FY17 Hospital Statistics	
Licensed Beds	1,035
Inpatient Admissions (excluding Hospice)	49,553
Births	3,849



FY17 Employee Statistics	
Physicians	2,461
PhDs	991
Fellows	1,402
Officials and Managers	1,497
Registered Nurses	5,296

2018

January

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

🛡 **Jan. 1:** New Year's Day
🛡 **Jan. 15:** Martin Luther King Jr. Day

February

Sun	Mon	Tue	Wed	Thu	Fri	Sat
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18	19	20	21	22	23	24
25	26	27	28			

Feb. 2: Groundhog Day
Feb. 13: Mardi Gras
Feb. 14: Valentine's Day
Feb. 16: Chinese New Year
🛡 **Feb. 19:** President's Day

March

Sun	Mon	Tue	Wed	Thu	Fri	Sat
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March 11: Daylight Saving Time starts
March 17: St. Patrick's Day
March 20: First Day of Spring
March 30: Passover (Begins at sunset)

April

Sun	Mon	Tue	Wed	Thu	Fri	Sat
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April 1: Easter
April 8: Easter – Greek Orthodox
April 16: Patriots' Day
April 17: Tax Day

2018

May

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May 5: Cinco de Mayo
May 13: Mother's Day
May 16: Ramadan
May 28: Memorial Day

June

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June 14: Flag Day
June 15: Eid al-Fitr
June 17: Father's Day
June 21: First Day of Summer

July

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July 4: Independence Day

August

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Aug. 22: Eid al-Adha

2018

September

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30						

Sept. 3: Labor Day
Sept. 9: Rosh Hashanah (Begins at sunset)
Sept. 18: Yom Kippur (Begins at sunset)
Sept. 23: First day of Autumn

October

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Oct. 8: Columbus Day
Oct. 31: Halloween

November

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Nov. 4: Daylight Saving Time ends
Nov. 6: Diwali & Election Day
Nov. 11: Veterans Day
Nov. 22: Thanksgiving Day

December

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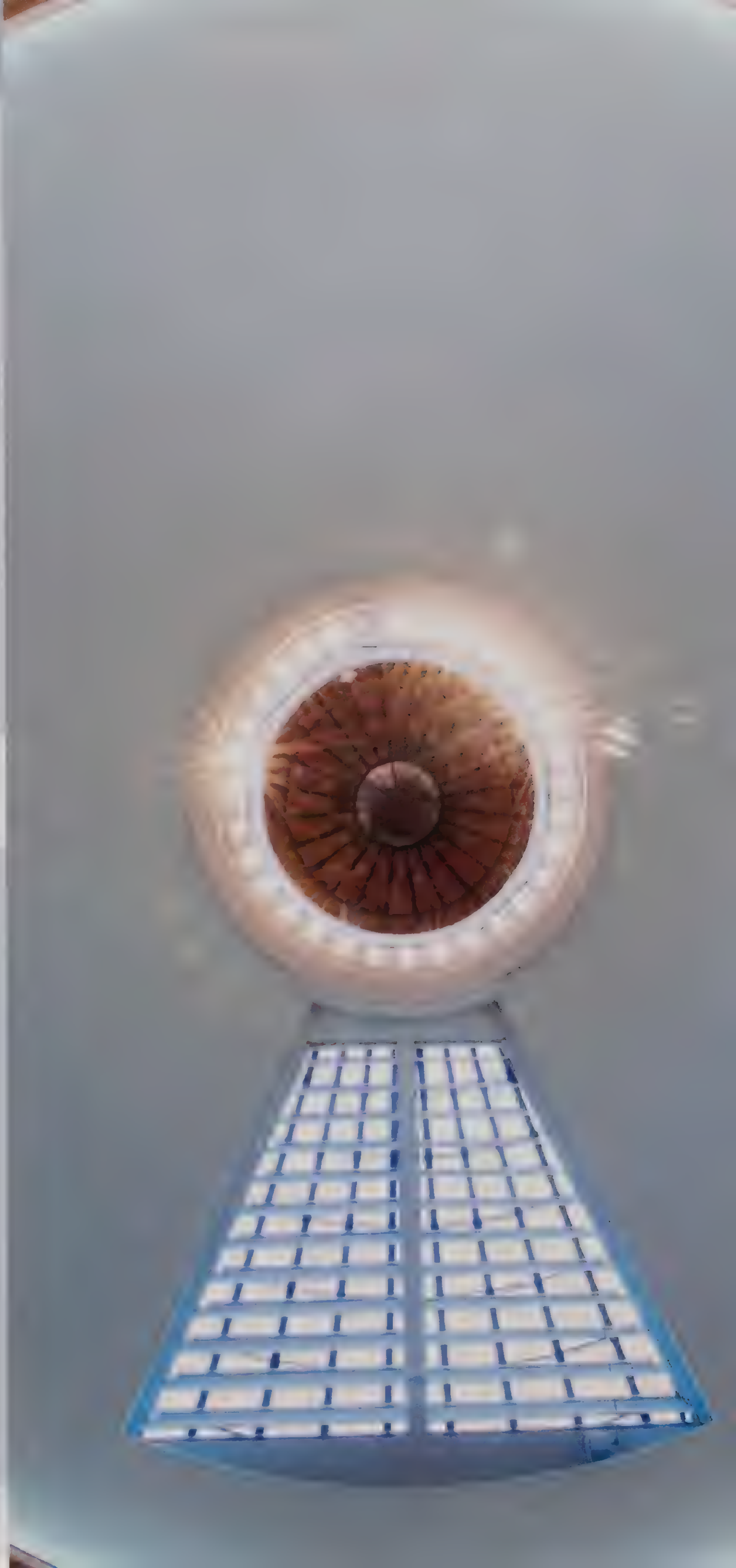
23	24	25	**26**	27	28	29
30	**31**					

Dec. 2: Chanukah (Begins at sunset)
Dec. 21: First Day of Winter
Dec. 25: Christmas Day
Dec. 26: Kwanzaa begins
Dec. 31: New Year's Eve



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LOOKING FORWARD BY LOOKING BACK: MGHers safely view the solar eclipse through an X-ray.

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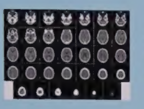

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- **4:** MRI machines replaced or upgraded
- **1:** Installation of first true Open MRI in the Partners network at Mass General Imaging Chelsea

RADIATION/ONCOLOGY

- **3,352:** Patients treated
- **1,009:** Hours volunteered with the MGH Youth Scholars Program
- **15:** Babies featured in the Radiation/Oncology monthly newsletter

RADIATION SAFETY

- **275:** Geiger counters maintained and calibrated
- **42,100:** Radiation dosimeters distributed to **3,408** staff members
- **725:** Radiation surveys completed each month
- **29:** Different radioactive isotopes are used for patient treatments and various types of research

NEUROLOGY

- **#1:** Ranking in NIH funding for hospital-based neurology programs, generating **$108.6 million** in total research revenue, a **13%** increase
- **54,000:** Inpatient and outpatient services and visits
- **$36,053,540:** Philanthropic dollars raised - including funds from the department's youngest donor - 10-year-old Zack who raised **$610** for his pediatric neurologist by selling personalized karate decals
- **787:** TeleNeurology Virtual Visits across 12 divisions

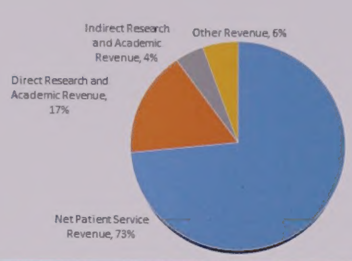
PATIENT CARE SERVICES

- **4:** First nursing chairs: The Paul M. Erickson Endowed Chair in Nursing (Jeanette Ives Erickson, RN); Connell-Jones MGH Chair for Nursing and Patient Care Research at MGH (Gaurdia Banister, RN); Dorothy Ann Heathwood Endowed Chair in Nursing Education (Gino Chisari, RN); MGH Trustees Endowed Chair in Nursing and Patient Care Professional Practice (Marianne Ditomassi, RN)
- **168:** Hours of onsite appraisal by Magnet appraisers during the Magnet redesignation process
- **666:** Health Professionals staff and employees

HOME BASE, A RED SOX FOUNDATION AND MGH PROGRAM

- **1,400:** Vietnam veterans and their families honored at Fenway Park during the largest recognition ceremony ever held in the U.S.
- **62:** Police departments across the Commonwealth participated in a No-Shave November campaign to support Home Base
- **52.4:** Miles run in **5** days on **2** continents by **2** veterans in support of Home Base through the The Royal Foundation's Health Together mental health initiative spearheaded by The Duke and Duchess of Cambridge and Prince Harry of Wales
- **1:** Special team member welcomed - a behavioral health facility dog named Gatsby

MGH 2017 Overview



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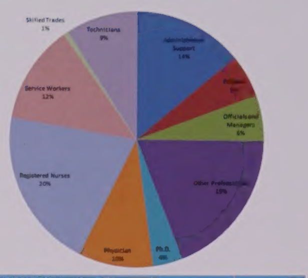
Births	3,849
Outpatient Visits	1.7 million
Combined Revenue	$4.8 billion



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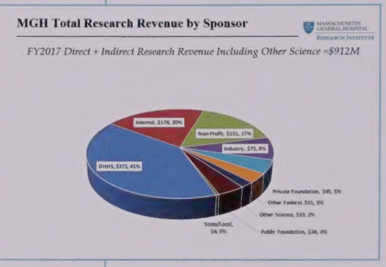
Fellows	1,402
Officials and Managers	1,497
Registered Nurses	5,296
Other Professionals	4,904
Technicians	2,403
Administrative Support	3,637
Skilled Trades	162
Service Workers	3,250
Total Employees	26,003

Research Institute

- **76,000** participants have been enrolled in the Partners Biobank so far, which is twice the number of people who can fit in Fenway Park
- Research at the MGH takes place in **1.2 million square feet** of research space in Boston, Charlestown and Cambridge – a space large enough to hold 75 Boston Common Frog Ponds
- Researchers were listed as authors on approximately **7,200** scientific papers – if you spent an hour reading each paper it would take **300** straight days (with no breaks)
- **30** researchers were included on the 2017 Highly Cited Researchers list. These investigators have amassed sufficient citations to place them among the top **1%** most cited for their year of publication in one of **21** main subject fields.



Buildings & Grounds

2 million

The pneumatic tube system processes approximately **2 million** transactions per year

Transportation

2,469,276

MGH buses transported **2,469,276** employees and patients

Police, Security & Outside Services

144,000

The Parking and Commuter Services office issued **144,000** MBTA passes to employees

Materials Management

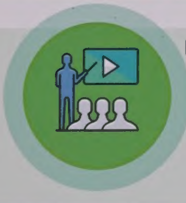
74,264

Materials Management stocks **8** different types/sizes of diapers using **74,264** diapers annually

Mail Services

3,000

The state-of-the-art automated mail sorting machine accurately sorts mail at the rate of **3,000** pieces per hour

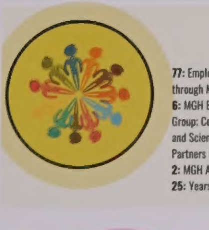


INSTITUTE OF HEALTH PROFESSIONS

- **1,572:** Current enrollment
- **7,200:** Alumni
- **96%:** Graduation rate
- **92%:** Students who receive financial aid

PATIENT EXPERIENCE TEAM

- **29,946:** Patients who provided the top recommendation for the hospital or for services received, along with **14,869** patients who provided the top recommendation of their provider in patient experience surveys
- **37:** Excellence in Action awards distributed to individuals and teams
- **79:** Service Excellence awards distributed to individuals and teams
- **70:** Active Patient and Family Advisory Council members who shared experiences and insights and advised the MGH on a wide range of topics



WORKFORCE DIVERSITY

77: Employees who received a YMCA Achiever Award over the last **43** years through MGH's partnership with the Boston YMCA Achievers program

6: MGH Employee Resource Groups (ERGs): Employee Disability Resource Group; Committee on Latino Initiatives; MGH LGBT Group; Chinese Staff and Scientists Association; Association of Multicultural Members of Partners (AMMP); and MGH Military Veterans Partners

2: MGH Affinity Groups: Men Against Abuse and New Mother's Lunch Group

25: Years since AMMP - the MGH's oldest ERG - was established

ENVIRONMENTAL SERVICES

- Dispatched **31,039** service requests
- Processed **22,175** conference room-related requests and special setups
- Cleaned **4.5 million** square feet of area in **61** buildings
- Provided **28,243,063** feet of paper towels

INFORMATION DESK ASSOCIATES

- Discharged or transported **6,262** patients in wheelchairs
- Wang Lobby Information Desk Staff arranged transport for more than **2,204** patients
- White Lobby Information Desk Staff arranged for **6,585** patients to be moved by volunteers
- Yawkey Lobby Information Desk staff arranged transport for more than **2,676** patients

HELPING
VOLUNTEER
COMMUNITY
MISSION
SERVICES
CHARITY
DONATIONS
HOPE
TEAMWORK

VOLUNTEER SERVICES

- Provided more than **93,400** hours of service
- Oversee **55** baby cuddling volunteers and **34** office volunteers
- **12** pet therapy dogs visited more than **15,000** patients and staff
- More than **25,000** families served in the Gray Family Waiting Area

MGH Blood Donor Center

13,228 donations

18.5% of donations were made by employees

Ran **330** bloodmobiles with corporate community and school partners

1 blood donation can help up to **3** patients

The most committed MGH donor has given whole blood **5 – 6** times a year every year for the past **40** years. That equals **220** pints, or more than **600** patients, helped

NUTRITION AND FOOD SERVICES

93,600 pounds of coffee used annually

1.7 million servings of fruit juice served

853,646 patient meals served

10,000 angel food cakes baked

DEVELOPMENT

$257 million raised

52,679 donors

1,220 hospital funds supported

152 events hosted by community fundraisers

MARKETING

4.5 million visitors to massgeneral.org

4,946 domestic calls derived from search engine marketing efforts

28,000 followers gained on MGH Facebook

15 million travelers reached via digital billboard advertising in international airports and train stations

NEWS & PUBLIC AFFAIRS

280,000 visits to Apollo, the new MGH intranet, since its April launch

203 stories told in MGH Hotline

More than **530** mentions in national publications

131: Number of organized tours, from eighth graders to health care professionals, led by the Russell Museum

HUMAN RESOURCES

27,720 movie tickets sold by the Perks office

3,688 Ether Day pins and ribbons distributed

HAVEN (Helping Abuse & Violence End Now)

20th anniversary celebrated

HUBWEEK

51,000 people in attendance

31 MGH clinician speakers

2,000 visitors to the Russell Museum shipping container exhibit on anesthesia

LADIES VISITING COMMITTEE (LVC)

130 pediatric blankets made

57 "bleeding control kits" funded through the grant program

11 campers attended summer camp in Revere, funded through grant program

PHOTO LAB

46,000 photos taken

54 groups posed on the Bulfinch stairs

Covered **34** events and celebrations at Russell Museum

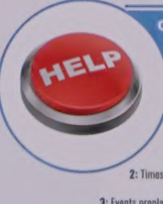
CENTER FOR COMMUNITY HEALTH IMPROVEMENT (CCHI)

46,850: Pounds of food distributed to families in need as part of the Food for Families Program in Chelsea

68.2: Pounds of unused, expired and unwanted prescription medications collected at the Charlestown Coalition Take Back Event

1,057: Children served through MGH youth programs thanks in part to **365** MGH volunteers who spent **15,730** hours mentoring, supervising and educating

198: Students employed in **60** departments across the hospital



CENTER FOR DISASTER MEDICINE (CDM)

51: Events required action - either CDM preplanning, monitoring and activation, Incident Management Team (IMT) activation, or Hospital Incident Command System (HICS) activation

25: Times IMT and/or Downtime Assessment and Response Team was activated

2: Times HICS Code Disaster Status was activated

3: Events preplanned by CDM staff, who also monitored **7** events and activated for **14** events

CENTER FOR DIVERSITY AND INCLUSION

25: Years since the CDI was founded

46: Faculty Development Awards issued, totaling more than **$5.6 million** in funding

5,500: Physicians and caregivers attended cross-cultural training (online and in-person) provided by CDI staff

328: Students who have participated in the Summer Research Training Program since 1992

GLOBAL HEALTH

- **86,000:** People vaccinated against cholera in Haiti in collaboration with the Haitian Ministry of Health and Population and Zanmi Lasante
- **179:** Number of nurses educated by **7** MGH Global Nursing Fellows in **2** countries, **5** hospitals and **2** universities
- **4,868:** Patient visits by community health workers in rural Uganda in a program to extend case management of childhood illness so more children have access to lifesaving treatments
- **61:** Department of Medicine residents, faculty and visiting experts participating in the 2017 Global Medicine elective curriculum

CONSORTIUM FOR AFFORDABLE MEDICAL TECHNOLOGIES (CAMTech)

- **5th:** Anniversary celebrated
- **33:** Domestic and international innovation events and awards
- **831:** Medical device innovations from **4,377** innovators supported by the Consortium for Affordable Medical Technologies' Innovation Platform

2018

September

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	**18**	19	20	21	22
23	24	25	26	27	28	29
30						

Sept. 3: Labor Day
Sept. 9: Rosh Hashanah (Begins at sunset)
Sept. 18: Yom Kippur (Begins at sunset)
Sept. 23: First day of Autumn

October

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	**31**			

Oct. 8: Columbus Day
Oct. 31: Halloween

November

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	**6**	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

Nov. 4: Daylight Saving Time ends
Nov. 6: Diwali & Election Day
Nov. 11: Veterans Day
Nov. 22: Thanksgiving Day

December

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	**21**	22
23	24	25	**26**	27	28	29
30	**31**					

Dec. 2: Chanukah (Begins at sunset)
Dec. 21: First Day of Winter
Dec. 25: Christmas Day
Dec. 26: Kwanzaa begins
Dec. 31: New Year's Eve